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Abuse and Neglect of Older Adults

COMMUNITY AWARENESS AND RESPONSE

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102-04708/

Abuse and Neglect of Older Adults

COMMUNITY AWARENESS AND RESPONSE

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Community Awareness and Response: Abuse and Neglect of Older Adults was prepared by **Dianne Kinnon** for the Family Violence Prevention Unit, Health Canada.

Également en français sous le titre *Sensibilisation et réaction de la collectivité : mauvais traitements et négligence à l'égard des personnes âgées*

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Cat. H39-262/2001E (revision)
ISBN 0-662-29760-1

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Acknowledgements

This document was prepared under contract by Dianne Kinnon, Kinnon Consulting.

The following experts in the field provided invaluable experience and knowledge in commenting on draft material:

Veronica Doyle, Innovations, Analysis and Integration Division, Programs Branch, Justice Canada, Ottawa, Ontario

Sheila Laidlaw, Third Age Centre, St. Thomas University, Fredericton, New Brunswick

Maxine Lithwick, CLSC René-Cassin/Institut universitaire de gérontologie sociale du Québec, Côte St-Luc, Quebec

Carole Morency, Family, Children and Youth Section, Policy Sector, Justice Canada, Ottawa, Ontario

Daphne Nahmiash, Social Gerontology, Laval University, Quebec

Judith Wahl, Advocacy Centre for the Elderly, Toronto, Ontario

Carol Ward-Hall, B.C. Coalition to Eliminate Abuse of Seniors, New Westminster, British Columbia

Maria Wasylkewycz, Elder Abuse Resource Centre, Age and Opportunity Centre, Winnipeg, Manitoba

Janice Ireland and Liette Lalonde of the Family Violence Prevention Unit provided clear direction, advice on content and thorough reviews of previous drafts. Finally, the author would like to thank Louise Mailloux for assistance with research and writing.

Preface

The Family Violence Prevention Unit, Health Canada is pleased to present this revised version of *Community Awareness and Response: Abuse and Neglect of Older Adults.* The first version of the document was released in 1992. It was based on a consultation organized by the Mental Health and Community Health Divisions of Health Canada. Representatives of government, community agencies, and seniors' representatives from the western provinces created the framework for the document and provided advice on current resource materials that might be of interest in communities across Canada.

Since the original publication of *Community Awareness and Response,* considerable progress has been made in raising awareness of abuse and neglect of older adults and responding to needs for prevention and intervention services. A great deal more knowledge now exists, and many more programs and resources have been developed across Canada. However, more remains to be done to ensure all communities have an organized and coordinated response to this important issue. Changing population trends, including an aging population, make concerted action on this issue even more critical.

Community Awareness and Response: Abuse and Neglect of Older Adults has been written for concerned seniors, interested community members and service providers who wish to address the abuse and neglect of older adults. The document has been updated and revised to include discussion of current knowledge, emerging trends and issues, and up-to-date information on resources and initiatives across Canada.

In whatever way abuse and neglect of older adults touches your life, we hope that this resource helps you to better understand the issue and to take action. You will be joining thousands of people in hundreds of communities across Canada in helping to ensure that older adults can live with dignity and in safety.

Family Violence Prevention Unit
Health Canada

Introduction

The abuse and neglect of older adults is not a new problem. Although present for many years in our society, it has existed in relative silence, denial and isolation. As awareness grows and attitudes change, communities are responding to the issue by establishing community coordinating committees, creating education campaigns, developing sensitive ways of intervening, and working with abusers and victims to end the violence and promote healing.

This introductory guide to community approaches provides information and an approach that communities can use to develop policies, programs and services that support older adults. It raises questions about perceptions of the issue and is intended to stimulate discussion and action at the community level.

Community Awareness and Response: Abuse and Neglect of Older Adults aims to create an environment where older adults feel confident to speak out about abuse and neglect. The main focus of any community effort to address the issue must be to promote the well-being of older adults and strengthen their right to self-determination, respect and dignity. Only then will the problem begin to be solved.

WHAT IS MEANT BY ABUSE AND NEGLECT OF OLDER ADULTS?

A very simple definition of abuse and neglect is

> *mistreatment of older people by those in a position of trust, power or responsibility for their care.*
>
> (Swanson, 1998, 1)

Other definitions of abuse also include the idea of kinship or family ties. However, abusers need not be blood relatives or even family members. The abuse and neglect of older Canadians can occur in the home and in community programs such as those of recreation centres and adult day centres. It can happen in institutions such as senior citizens' homes, hospitals, nursing homes and chronic care facilities.

Although institutional abuse and neglect are important issues, the focus of this document is abuse in the home setting committed by someone known to the victim. Harm caused by strangers and that which results from an older person's self-neglect are also beyond the scope of this resource. In this document, abusers are either relatives or non-relatives providing care or services. They can include spouses, siblings, children, neighbours, friends, home care workers, visiting health care providers, visiting clergy, etc.

The term "abuse and neglect of older adults" is used in this document instead of "elder abuse" or "abuse and neglect of seniors." It is felt that the term "elder abuse" conflicts with the Aboriginal concept of "elders" who in the Aboriginal tradition are highly respected teachers and community leaders, regardless of their age. The term "elder" or "elderly" also can evoke the image of a frail, vulnerable old woman or man. "Older adult" is a somewhat broader term than "senior," which in the past has referred to those over the age of 65. In many communities, abuse and neglect programs have focussed on adults aged 50 or 55 and older.

UNDERSTANDING ABUSE AND NEGLECT AS A FORM OF FAMILY VIOLENCE

Because abuse and neglect is committed by those in positions of trust or power in the lives of older adults, it has much in common with other forms of family violence, whether or not the abuse is committed by a family member. Abuse and neglect of older adults can be considered a form of family violence because of the following:

- It is committed against members of a socially vulnerable group.
- Its severity can be worsened as a result of individual and family stress and economic hardship.
- Abusers may themselves be victims of past abuse.
- As with child abuse and wife abuse, consequences can include decreased self-esteem and coping skills, self-blame, social isolation, depression, despair and sleep disturbances.
- Victims may be intimidated by the abuser and/or be financially dependent on him or her and, therefore, not able to easily leave the situation. (However, in other situations, the abuser may be

the dependent one, and the victim feels responsible for him or her in spite of the abuse.)

- It is a problem with a long history that has been met with great resistance by society, community members and care providers.

(Adapted from *Golden Years – Hidden Fears: Elder Abuse, A Handbook for Front-line Helpers Working with Seniors* by Virginia Boyack, 1997)

Using a family violence framework can provide a better understanding of the dynamics of abuse; ensure that interventions empower victims to help themselves; develop effective prevention, intervention and support strategies; and encourage collaboration with and among service providers working in the area of family violence.

Other frameworks for understanding the abuse of older people include ageism (i.e., older adults are devalued and there is little interest in their needs); pathology (i.e., certain personality types are more likely to become violent and victimize those to whom they have access); and developmental (i.e., an abusive relationship with an older person is a continuation, or a reversal, of a past abusive situation) (Lithwick, 1999).

The Context of Abuse and Neglect of Older Adults

TYPES OF ABUSE

There is a wide variety of ways in which researchers have described and grouped types of abuse and neglect. For example, some groupings include the categories of violation of rights, sexual abuse and medication abuse. Others focus on the nature of the abuse (e.g., whether it is psychological, physical or financial in nature).

Categories of Abuse

The following categories are not legal definitions. They are intended to help people in the community and service providers working with older adults to recognize abuse and neglect.

Physical abuse involves the use of physical force resulting in pain, discomfort or injury. It includes behaviours such as slapping, hitting, beating, burning, sexual assault, rough handling, and tying up or binding the individual.

Psychological or emotional abuse diminishes the identity, dignity and self-worth of the older person. It may also provoke intense fear, anxiety or debilitating stress. Psychologically or emotionally abusive acts include forcing older people to do degrading things, controlling their activities, treating them like children, attacking their self-esteem and intentionally frightening them.

Financial abuse or exploitation involves frauds, scams and the misuse of money or property, including convincing the person to buy a product or give away money, stealing

money or possessions, misusing bank or credit cards or joint banking accounts, forging a signature on pension cheques or legal documents, and misusing a power of attorney.

Sexual abuse is unwanted sexual activity, such as verbal or suggestive behaviour, not respecting personal privacy, fondling and sexual intercourse.

Medication abuse is the misuse of an older person's medications and prescriptions, including withholding medication, overmedication or not complying with prescription instructions.

Neglect is the failure or refusal of a caregiver to meet the needs of an older adult who is unable to meet those needs on her or his own. It includes behaviours such as denial of food, water, clothing, shelter, social contact, personal care and hygiene, medical treatment and health aids.

Other categories of abuse that are sometimes identified are:

- restricting freedoms and civil rights
- emotional abuse
- asserting adult or male privilege ("I" know best), and
- spiritual abuse.

(Boyack, 1997; Lukawieki, 1998; Murphy, 1995; Nova House Women's Shelter, 1995b; Swanson, 1998; Wahl and Purdy, 1999)

Other factors add to the complexity of the issue of abuse and neglect. Frequently, older people are subjected to more than one type of abuse or neglect at a time. For example, insults and humiliation often precede or accompany physical abuse or financial abuse.

Abuse or neglect may be chronic, occurring over a long period of time (e.g., the theft of monthly pension cheques). It also may be situational (e.g., occur only when the abuser is unemployed).

The abuse and neglect of older adults can be intentional or unintentional. For example, withholding medications is intentional, while misunderstanding a physician's directions and giving medication inappropriately is likely to be unintentional.

The abuse and neglect of older adults can also vary in severity. For example, neglect may range from occasionally to continually withholding an older person's food, or changing soiled bedding only twice a week instead of when required.

INDICATORS OF ABUSE AND NEGLECT

There are many indicators of the various types of abuse and neglect. Some common indicators can be found in Appendix A. Sometimes the indicators are subtle or not obvious, or do not in themselves equal abuse. For example, missing possessions may have been lost, or bruises may have come from a fall. In such cases, further investigation is required to determine if an older person is being abused or neglected.

The first indication of abuse and neglect may come up in general conversation, or might be visually observed by a caregiver coming into the home. Often, there is no voluntary report of abuse. If abuse or neglect is suspected, the older person should be asked plainly and directly if he or she is being abused or neglected. If questions are asked in a respectful manner, older adults may have the confidence to talk about their situations. However, adults who are cognitively impaired may find it difficult to identify and discuss abuse (see the Legal Issues section for some discussion on competence).

Ask the Question

From past experience in working with younger abused wives, we learned to ask early in an interview if their partners ever hit them or were otherwise abusive. The answer to that question has a profound effect on the direction of any further discussion.

Similarly, when talking to older adults, posing questions such as "Is there anyone in your life who takes advantage of your good nature or who mistreats you in any way?" may pave the way for a disclosure of abuse or neglect.

Older adults are generally forthright if they believe that any information they offer will be kept in confidence and action will be taken only at their request.

Asking the question validates the older adult's situation by communicating that abuse and neglect happens to other people often enough that we would even think to ask. Respecting the adult's right to self-determination is the first step in shifting power and control back to someone who is being victimized.

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RISK FACTORS: WHAT IS KNOWN ABOUT ABUSERS AND THE ABUSED?

More is now known about abusers and older victims of abuse than was the case 10 years ago; however, research is still far from complete. Different research methods continue to make it difficult to compare results. Several recent Canadian studies shed some new light on characteristics of the abuse situation.

The Kerby Centre, a seniors' service centre in Calgary, collected information on 130 clients who were abused by family members (Boyack, McKenzie and Hansell, 1995, referred to here as the Alberta study). A similar study in British Columbia reviewed 542 cases of elder abuse (Pittaway et al., 1995, referred to here as the B.C. study). Another study in Quebec at three community/social service centres focussed on 128 couples (Gravel, Beaulieu and Lithwick, 1997, referred to here as the Quebec study).

Age

The majority of abused older adults identified by service agencies were in their 60s and 70s. The Alberta study reported the following age breakdown:

AGE	NUMBER	PERCENT
51-60	12	9
61-70	44	34
71-80	51	39
81 or older	23	18
Total	130	100

While the median age of clients was 72.3 years, a significant percentage (nearly 18%) were over the age of 80. The B.C. study reported a mean age of 76.5 years, ranging from 55 to 103.

Gender

As with family violence in general, the majority of victims were women (14% male, 86% female in the Alberta study, and 26% male, 74% female in the B.C. study).

Over one half (53%) of family homicides against older women and one quarter (25%) of those against older men were committed by spouses (including ex-spouses) (Statistics Canada, 1999a).

Relationship Between Abuser and Abused

Older adults were more often abused by spouses and children than by paid or volunteer caregivers. Four in ten (42%) were spouses and 32% were children (for a total of 74%) in Alberta, while 24% were spouses and 38% were children (for a total of 62%) in B.C. The Quebec study found that about one-half (48%) were spouses, but rather than the victim being the dependent one, in fact the abuser was psychologically or physically dependent on the victim in almost half (47%) of the cases. The Quebec study also found that in a number of situations, both spouses were abusive to each other.

Number of Abusers

It is often assumed that an older adult is the victim of one abuser only; however, the B.C. study found 22% of victims reported more than one abuser.

Living Arrangements

Living arrangements varied somewhat more among the studies. Nevertheless, victims were more likely in both cases to live with the abuser than not (72% in Alberta and 53% B.C.).

Types of Abuse and Neglect

Psychological abuse was the most common form. In Quebec, 87% were cases of psychological abuse and in the B.C. study 41% of abuse fell into this category. The B.C. results were as follows (some clients reported more than one form of abuse):

TYPE	NUMBER	PERCENT
Psychological	200	41
Physical	142	29
Material	132	27
Neglect	59	12

Degree of Injury

According to Statistics Canada in its publication *Family Violence in Canada: A Statistical Profile 1999* (1999a), 85% of **violent** offences against older adults were physical assaults. More than half of these (53%) resulted in an injury.

PREVALENCE OF ABUSE AND NEGLECT

Only limited information is available on how many older adults have been abused or neglected. Reasons for this gap in knowledge include the following:

- research methods in this area are still being developed
- the lack of agreement on definition
- inadequate training of service providers to recognize the indicators of abuse and neglect
- the lack of public awareness
- reluctance or inability of older adults to disclose abuse and neglect.

The most comprehensive Canadian study to date, the National Survey on Abuse of the Elderly in Canada (the Ryerson study), was a telephone survey conducted in 1990 of 2,000 older adults living in private dwellings. The findings indicated the following:

- about 4% of older people have been abused or neglected
- approximately 98,000 older adults in Canada have experienced some form of abuse or neglect
- financial abuse was reported most frequently (Note: a smaller study in B.C. found that only 8% of older adults had been financially abused, losing, on average, $20,000 each [Spencer, 1998, cited in Lukawiecki, 1998])
- chronic verbal aggression ranked second, and physical abuse ranked third.

(Podnieks et al., 1990)

While not definitive, this study does provide a useful start in understanding the seriousness of abuse and neglect of older Canadians.

A more recent U.S. study on "domestic elder abuse, neglect and self-neglect" collected data from two sources: substantiated reports to adult protective services agencies and reports from specially trained individuals working with older persons. Based on these reports, researchers estimated nearly 450,000 Americans aged 60 or older were abused in 1996, but that almost four times this number experienced abuse that was unreported (National Center on Elder Abuse, 1998).

POPULATION TRENDS

Canada's senior population is growing and changing. Trends in aging will have a significant impact on the risk of abuse for older adults, as well as on the need for and nature of services that will be required. However, it is equally important not to overly generalize from statistics, thereby creating new stereotypes and expectations. Just as each older adult is unique, so is each situation of abuse. Nevertheless, a better understanding of seniors today and their risks for abuse can help to improve prevention activities and provide more effective support to victims.

Note: information below is taken from Statistics Canada's *A Portrait of Seniors in Canada, Third Edition,* 1999.

STATISTICS AND TRENDS	IMPLICATIONS
▪ Seniors are one of the fastest growing population groups in Canada. In 1998, there were an estimated 3.7 million Canadians ages 65 or over, up 57% from 1981.	▪ Combined with greater public awareness, larger numbers of seniors may mean increasing disclosures of abuse and much greater demand for services.
▪ The proportion of older adults, compared to younger age groups, is expected to grow even more rapidly in the next decades. In 1998, those 65 or over made up 12% of the population; by 2041, it will be 23%.	▪ A larger and more vocal older population may reduce abuse through advocacy and education. ▪ More seniors will be available for peer support programs.
▪ The ratio of seniors to the adult population varies across the country, ranging from 15% in Saskatchewan to 10% in Alberta.	▪ Provinces and territories with higher current and projected seniors' populations have greater need for prevention and intervention programs.
▪ The fastest growth in the number of seniors is occurring in the older age ranges. The number of people over 85 has doubled since 1981.	▪ Abuse services must become more knowledgeable and skilled in dealing with an even older adult population.
▪ With life expectancy increasing, a 65-year-old person in 1996 can expect to live to age 83.	▪ Because many of these older adults may have suffered abuse for longer periods of time, with greater possibility of multiple abusers, prevention and early intervention are even more critical.
▪ The senior population is predominantly female because women tend to live longer than men. The older the population segment, the greater the proportion who are women.	▪ In order to serve women and men well, programs and services may need to undertake a gender analysis of the issue and responses to combat abuse. ▪ Programs must be especially sensitive to the needs of older women.

▪ In 1996, 27% of those 65 or over were immigrants (immigrants make up only 17% of the population in general).	▪ A significant number of older adults were born outside the country, which impacts on their values, beliefs and experiences.
▪ As a result of changing immigration patterns, an increased proportion of older Canadians are members of visible minorities and from a diversity of cultures.	▪ Services must continue to strive to be culturally sensitive and appropriately diverse.
▪ The vast majority of Canadian seniors — 93% in 1996 — lived in a private home and most lived with family members: 58% lived with a spouse, 7% lived with other family members. However, 29% lived alone.	▪ Because older adults are remaining in the community longer, community-based responses to abuse and neglect will continue to be important. ▪ Because a significant number of victims are abused in their own homes by their spouses, interventions appropriate to this situation are required. ▪ Older adults living alone may be particularly isolated and at risk for abuse by caregivers and friends.
▪ In 1996, 84% of people aged 65 or over received some kind of assistance with household work and other personal chores. In 1997, 10% received support from a home care service.	▪ Older adults are increasingly in contact with formal and informal caregivers in their homes. This may increase the potential for abuse and suggests a need for detection protocols and continual staff training.
▪ About one in five (19%) older Canadians has an income below the Low Income Cutoffs specified by Statistics Canada.	▪ Poverty may increase vulnerability to violence because of increased financial dependence between the abuser and the abused, and because of reduced options for independence. It may also create barriers to receiving services (e.g., lack of transportation to support programs).

▪ Greater numbers of adult children are remaining in or returning to their parents' homes for part of their adult life.	▪ Increased dependence on older parents as a result of economic uncertainty and higher unemployment rates may lead to increased abuse, especially financial abuse.
▪ Older adults have lower levels of education (in 1996, 37% had less than Grade 9) and greater difficulty with reading than do younger adults (53% of those 66 or over are able to perform only simple reading tasks).	▪ Prevention messages, legal information and other materials must be written in plain language. Audio, video and graphic media should be used whenever possible. Television is an important source of information.

(Statistics Canada, 1999b)

Greater attention to changing trends is needed to ensure that the abuse and neglect of older Canadians will not increase as the older population grows and changes, and that services will be appropriate and accessible.

Philosophy and Approach

YEARS OF SILENCE

Like other forms of family violence, abuse of older adults has been cloaked in silence. However, increased public awareness of the extent and seriousness of violence against women and children has helped to pave the way for more open discussions of the issue. Still, there is a long way to go before older adults can easily disclose abuse.

Many forces are at play to keep family violence hidden. Canadian society encourages the privacy of the family, which can permit abuse and neglect to thrive. This privacy often is considered more important than the well-being of individual family members: "outsiders" are afraid to "pry" into others' affairs, even when they suspect abuse. As well, the belief that families should be self-sufficient is strongly held in many communities. Even when a family is not coping very well or is in crisis, help from community agencies may not be readily available. Family members may find it hard to ask for help (National Clearinghouse on Family Violence, 1994).

Too often the abuse and neglect of older adults is not readily identified by service providers and community members. Unlike children who leave home to attend school, older adults may remain at home where abuse or neglect goes undetected. Many older adults may believe that abuse by a relative is a "family problem" and may be ashamed to disclose that a family member is abusive.

Elders need to retain as much power and control over their own lives as possible, since this reduces the risk of abuse. Knowledge is empowering, so it is important that older people know their rights. In addition, we need to ensure that the

elderly have the power to make everyday life choices, as much as possible.

(Sudbury Elder Abuse Committee, 1999b, 1)

Older people may not disclose abuse and neglect because of the following:

- feelings of shame, embarrassment or intense family loyalty
- a belief that victims get what they deserve
- a lack of awareness that what they are experiencing is abuse or neglect
- a fear of the abuser and/or of being sent to an institution
- low self-esteem and lack of assertiveness
- fears about their sexual orientation, if they are gay or lesbian, becoming known publicly, resulting in discrimination by service providers
- a lack of awareness of agencies that can assist
- a lack of financial resources if they are dependent on the abuser
- a physical or mental disability that makes reporting difficult or impossible.

(Boyack, 1995; Cooke-Daniels, 1999; Elder Abuse Prevention Project, 1992)

Family members or friends may not acknowledge or report the abuse or neglect of older adults because they are not familiar with what they can do and where they can get assistance. Sometimes they just do not wish to become involved (Wahl and Purdy, 1999).

When Abuse Occurs Over the Life Span

The relationship between the abuse of older adults and other forms of domestic violence is poorly understood. For the most part, practitioners in the field of aging have little or no understanding of domestic violence. Conversely, domestic violence practitioners have little or no understanding of

aging. The result has been a propensity to view, theorize and respond to the abuse of older persons as an isolated phenomenon, without any reference to abuse which may have occurred prior to the age of 60, and without any reference to the broader social context in which it occurs. The most obvious example is the re-naming of spousal abuse. When it occurs in later years, it becomes known as "elder abuse."

Ever-increasing numbers of adult survivors of childhood abuse are speaking out in mid-life about their abuse, and are struggling to heal the profound psychological wounds which have resulted from this betrayal of trust. In many instances, survivors describe a life pattern where they have moved from one type of abuse to another. The continuum includes abusive dating relationships, abusive marriage(s), abuse by adolescent children and abuse by adult children. The implications of such patterns in late life are obvious and require immediate consideration.

Collaborative efforts by both gerontological and domestic violence practitioners are necessary to begin to seriously investigate the possibility that the abuse of older persons is rooted in earlier learned behaviour patterns.

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A Holistic Approach to Family Violence

Many Aboriginal cultures teach the interconnected nature of all parts of life. This teaching implies that abuse and other imbalances of life cannot be healed by working only with individuals apart from their family and their community. To get to the root causes of abuse and neglect, the entire system that allowed it to occur must be restored to balance. This means that the accumulated hurt of generations, carried by families and communities, needs to be released through a healing process.

Our Elders and traditional people encouraged us to look at initiating a healing approach rather than continuing to focus on the negative, on the violence... Our approach to wellness includes physical, mental, emotional and spiritual well-being.

Throughout our work in addressing family violence, we strive to return our people to a time when everyone had a place in the circle and was valued. Recovering our identity will contribute to healing ourselves; our healing will require us to rediscover who we are.

(Maracle, 1993, 4)

It also means that specific healing programs and strategies that work with extended families and with whole communities are needed, supported by individualized programs especially for victims and abusers (The Nechi Institute, 1988).

CONTRIBUTING FACTORS

There is no single factor that can explain why the abuse and neglect of older adults occurs. To date, much attention has focussed on older people whose health is failing or who are economically or emotionally dependent on the abuser. However, recent research suggests that the following factors create a greater risk of abuse: the *abuser's* personality traits and degree of dependency *on an older person,* the degree of social isolation of an older person, and a learned pattern of family violence (Boyack, 1995).

Risk factors do not operate alone. Often, a combination of several factors results in abuse and neglect. Understanding the factors which contribute to the abuse and neglect of older adults is important in how communities choose to intervene. In the past, there has been a tendancy to focus on only one factor, such as relieving caregiver stress. A community should explore a variety of approaches and take into account the latest research findings on abuse and neglect of older adults.

Some Factors Contributing to the Risk of Abuse

1. Intergenerational family violence — If violence is a typical pattern of family behaviour, abusers may learn to be violent by witnessing it or experiencing it.

2. Personality traits of abusers — Studies show that abusers are more likely to have psychological or substance abuse problems than people who are not abusive. Alcohol consumption has also been associated with severe and frequent abuse.

3. Social isolation — As with other forms of family violence, some studies have shown that many abused older people have fewer social contacts than their peers who are not abused. However, it is not clear whether social isolation causes abuse or results from it — both victims and abusers may feel that isolation is necessary to keep the abuse hidden.

4. Ageism — Because of the negative stereotypes and attitudes toward aging and older people, some strains of our culture can appear to dehumanize older adults. As a result, it is easier for some to abuse seniors without feeling guilt or remorse. Some older people hold many of these same negative stereotypes themselves. They may think the abuse is deserved, unavoidable or not significant enough to warrant help; it is accepted or expected that older people lose power and control over their lives.

5. Reacting to stress in violent or abusive ways — Caring for an older relative can be stressful for families. Caregivers may become angry and frustrated due to a limited understanding of the aging process, a lack of caregiving skills, and inadequate supports or resources. However, caregiver stress does not necessarily lead to violence or abuse.

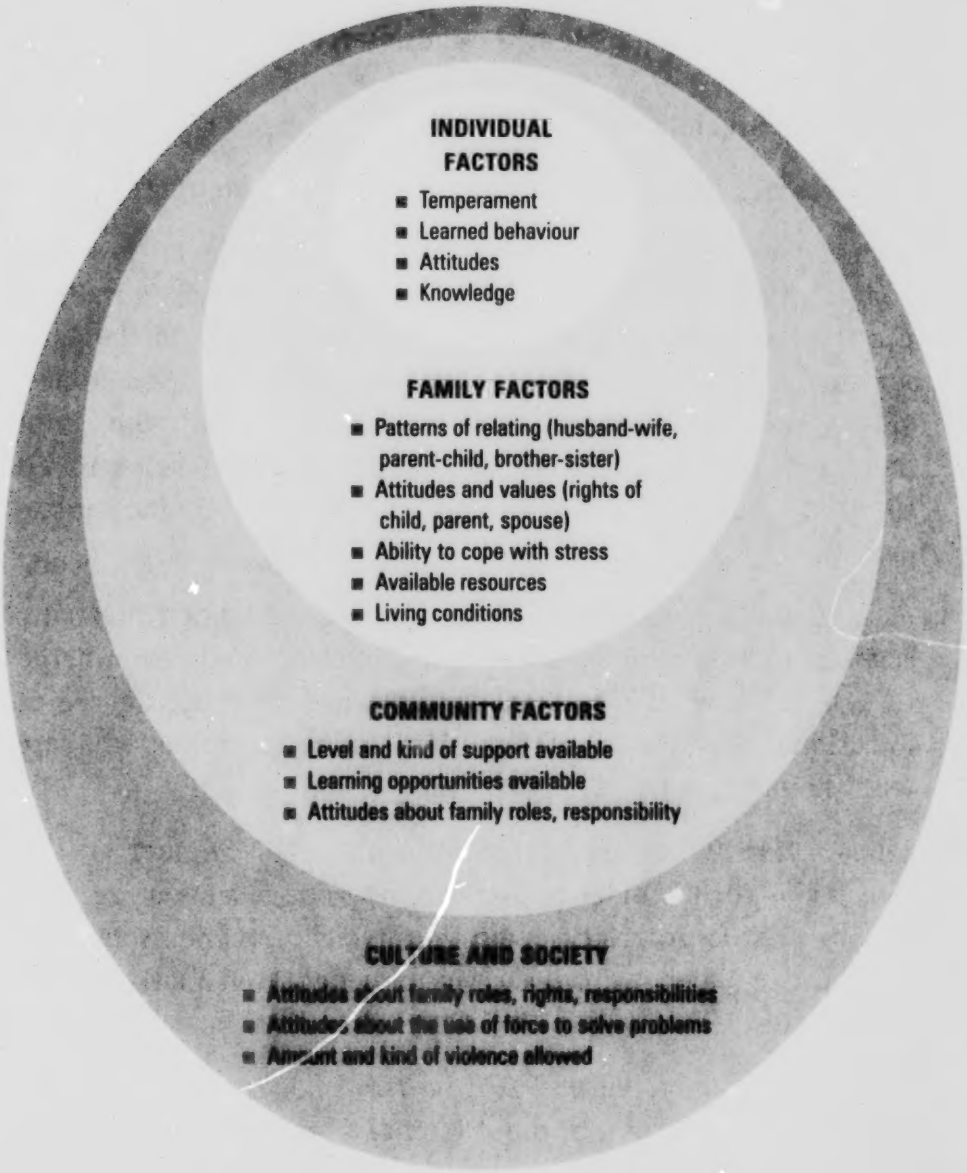
6. Spousal abuse — Research suggests that older people are frequently abused by their spouses. (According to a large national study, 40% of older men and 28% of older women

who were abused by a family member were victimized by their spouses — Statistics Canada, 1999.) Until recently, spousal abuse among older adults has been largely ignored, even though the number of injuries and level of violence are considered as serious as they are in cases of abuse by adult children toward their parents.

7. Tolerance of violence in this society — The abuse and neglect of older adults does not occur in a vacuum. Rather, it is a product of society's general tolerance and acceptance of violence, demonstrated by the toys children play with, the content of many movies and sports, and the methods used by nations to solve conflicts. This acceptance of violence contributes to the abuse and neglect of older people.

(Alberta Ministry Responsible for Seniors, 1991; Sudbury Elder Abuse Committee, 1999c; Swanson, 1998)

The following diagram provides a view of the relationship among factors that contribute to the abuse and neglect of older adults.



(Reproduced with permission from the Alberta Office for the Prevention of Family Violence [Revised 1992], *Breaking the Pattern: How Alberta Communities Can Help,* page 6)

PRINCIPLES GUIDING INTERVENTIONS

The following principles can serve as a guide for a community's response to abused and neglected older persons. They can help formulate thoughts on approaches and interventions.

General Principles

These general principles should guide work with older adults.

1. *Presumption of competence:* Older adults are entitled to be presumed competent and capable of making decisions for themselves. They are also entitled to support and assistance in order to understand and make informed decisions on their own behalf. Sometimes, service providers may be faced with an older adult who is not mentally capable of decision making. Caution must be exercised to avoid reaching this conclusion hastily or based on incomplete evidence.

2. *Each situation is assessed individually:* Every situation involving suspected abuse and neglect must be assessed on its own merits to determine what the older person wants and the degree of intrusion that is warranted. Situations and interventions will vary with the degree of risk for the adult person.

3. *Intervention is necessary when* the abuse or neglect is life-threatening, or the older person is clearly not capable of decision making in order to protect himself or herself. Common sense and constructive dialogue among service providers are important if the interests of older adults are to be met.

4. *An intervention should be based on the following:*
   - — a skilled assessment of the person and her or his living conditions
   - — the least intrusive or restrictive measures possible
   - — giving the older person the greatest number of choices
   - — the older person's strengths and abilities for positive action
   - — voluntary and informed consent of the older person whenever and to whatever degree he or she is able to participate
   - — respect for the older person's privacy.

5. *Criminal actions should be reported:* Assault, theft, uttering threats, fraud and neglect are crimes. The police should be called to deal with criminal behaviours.

6. *All interactions should be sensitive to diversity:* Older adults are affected by their culture, religion, race, gender and ability. It is essential to recognize the perspectives and needs of ethnocultural minority communities, people living in rural or remote areas, and special needs groups, such as people with mental, physical and emotional disabilities.

(British Columbia InterMinistry Committee on Elder Abuse, Continuing Care Division, Ministry of Health and Ministry Responsible for Seniors, 1992; HomeSupport Canada, 1993; McGregor, 1995)

In addition, interested readers should consult the Health Canada document entitled "Principles of the National Framework on Aging: A Policy Guide", which elaborates on the principles of dignity, independence, participation, fairness and security. Access to this document through the internet can be made at http://www.hc-sc.gc.ca/seniors-aines.

Older Adults' Bill of Rights

Older adults have the right to

- have the basic requirements of life, such as food, clothing and shelter
- live free from physical, emotional, financial, sexual and medication abuse, violation of civil/human rights, and neglect
- be informed about their civil and legal rights
- self-determination
- live their lives as they wish, provided they do not infringe upon the rights and safety of others
- participate in making decisions about themselves, to the full extent of their capability
- refuse assistance and intervention.

(HomeSupport Canada, 1993; McGregor, 1995)

Needs of Older Abuse Victims

Some specific needs of older abuse victims may include the following:

- a desire for the abuser to stop the violence, exploitation and neglect, but not necessarily a desire to change the victim's living situation or stop contact with the abuser
- safety, shelter and access to financial resources
- home support services so older adults are not completely dependent on each other, or housing options to meet their particular needs
- emotional support, counselling and greater links to the community
- information on the criminal justice system.

(Wahl and Purdy, 1999)

WORKING WITH OLDER PEOPLE

The publication *What Do You See? Understanding and Counselling the Abused Older Person* (Nova House Women's Shelter 1994a, b) notes a number of themes that might arise in helping older people. These suggestions apply to both professional and peer helpers.

In helping older adults, there is an even greater need for a holistic, hands-on approach. For example, health issues may need to be dealt with before counselling is effective, and physical comfort in the counselling setting will be important.

Older adults may be uninformed or suspicious about counselling and may want only concrete help in accessing services. Over the course of their lives, they may have found their own ways of coping with hardships. Asking for help may be difficult. If the abuse has been long-standing, emotional defences and coping behaviours may be well ingrained.

A non-judgemental person:

- is a good listener
- does not expect the older person to change suddenly
- accepts the older person's informed decision to remain in or return to an abusive or neglectful situation
- helps the older person acknowledge, understand and deal with feelings of guilt, anger, grief, fear and betrayal
- asks questions in a manner that does not blame the victim
- does not show frustration with the older person's decisions, hesitations or confusion.

(Adapted from *Handbook for Advocates and Counsellors of Battered Women* by Marion Boyd, 1985)

Those working with older adults have found that the counselling process usually takes longer than with younger people. Cognitive processes slow down and it may take the client longer to sift through new information and make meaning of it. It also can take longer to develop a trusting relationship. Change may happen in smaller increments and time frames need to be flexible.

Talking a lot about the past (or life review) is considered a normal and necessary part of maintaining a positive self-concept through the aging process. As well, the experience of grief and loss is different in older age, as losses may be experienced more rapidly and with little time to resolve them, and recent losses may trigger intense grief about previous or cumulative loss. Reminiscing about both positive and negative life events can be very therapeutic for older people.

Mobile Crisis Services for Seniors

Saskatoon Crisis Intervention Service (SCIS) is a community-based crisis service that has been in operation for more than 20 years. SCIS works with seniors to foster informal and formal support networks and works across systems to identify and

address abuse, neglect or other types of crises in the lives of seniors. Despite a small number of staff, the agency tries to be more than a telephone crisis service, believing that many seniors are better served by meeting face-to-face. The staff responds to crisis calls and feels it is important to be flexible and spend the time necessary to address the senior's needs. For more information, contact the director of crisis management services at 306-933-6200.

Different counselling goals may be more appropriate with older clients. Reframing (looking at issues or behaviours in a more positive light), looking at ways to increase independence, and assisting the client to find new meaning in life are particularly useful strategies.

Avoid "Rescuing"

Rather than "rescue" older adults, assist in the following ways:

- help generate options
- outline the advantages and disadvantages of the various options available
- explain how to pursue the options
- encourage follow through with a plan of action after they have decided which option(s) to explore
- intervene only if obstacles cannot be overcome without assistance
- help them to understand that they are not responsible for the abuse or neglect.

(Adapted from *Handbook for Advocates and Counsellors of Battered Women* by Marion Boyd, 1985)

Finally, when dealing with intergenerational issues and parent-child relationships, helpers need to be aware that feelings about their own parents or children may be triggered and may affect their responses.

Finally, counsellors need to know about community resources specifically for older people (Nova House Women's Shelter, 1994a).

Concerning sexual assault, the publication entitled *Senior Women and Sexual Violence: It's Never Too Late to Heal* (Sexual Assault Crisis Centre Kingston Inc., 1997) notes that an older woman may feel the same range and depth of emotions as any other individual, but she may not express them in a way that can be easily understood. Older women may find it especially difficult to talk about sexual matters.

> *You need to be honest. Name the core of the problem or you won't be counselled in the right way. It's the hardest thing to do, to be honest with yourself, but being honest with yourself and being happy with yourself is one of the nicest feelings.*
>
> ("Myrtle," quoted in Sexual Assault Crisis Centre Kingston Inc., 1997, page 48)

Mentally Incompetent or Incapable Older Adults

For a variety of reasons, older adults may not be mentally competent to manage their own affairs and make decisions about their life. In *When the Mind Fails: A Guide to Dealing with Incompetency,* Silberfeld and Fish (1994, cited in Murphy, 1995) suggest that competency should be assessed if the older person:

- is at *significant* risk of personal harm or of harming others, and is refusing help
- has been diagnosed with a mental illness or brain injury and is behaving in an unusual way that causes personal harm
- has already caused significant harm to himself or herself, or others, and does not recognize the problem or accept help to avoid the harmful behaviour (Murphy, 1995).

If a lack of competence is suspected, the following actions may be taken:

- make sure the older adult is safe throughout the helping process

- have the person formally assessed for mental competence by a qualified professional
- look at his or her legal options (see the Legal Issues section of this document)
- if care of the person in the home is too demanding, explore other options
- determine who can help within the person's support network
- discuss intervention options with the family
- consult with specialists in the field.

(Adapted from *Elder Abuse Protocol and Intervention Guide* by CLSC René-Cassin, 1993)

Cross-cultural Issues: Working with Older Adults from Ethnocultural Minority and Aboriginal Communities

Culture is a group's socially shared aspects of experience and knowledge, consisting of perceptions, assumptions, expectations, beliefs, and practices... we are often not aware of [these differences] until we are faced with a situation where it is absent, such as being immersed in another culture or even trying to communicate with someone from another culture.

(Nova House Women's Shelter, 1994b, page 3-1)

Several issues may arise in cross-cultural counselling. However, differences in background, experiences and beliefs need not necessarily be a barrier to providing assistance as long as these differences are acknowledged and addressed. The following points might be kept in mind:

- Seniors who speak neither English nor French as a first language may lack the ability to express themselves clearly in these languages and it may be difficult to discuss private matters such as abuse and neglect in front of an interpreter.

- Implicit meanings of words may be different (e.g., "abuse" may be understood to mean physical violence only) and non-verbal communication (gestures, postures, etc.) may have different significance. As well, preconceptions and stereotypes may vary.
- When shared assumptions and values are absent, it can be difficult to tell the difference between the source of the problem and what can be attributed to cultural differences, situational reactions, interpersonal problems, etc.
- It may be difficult to establish a trusting relationship with someone of another culture, and additional time may be required for trust to develop.
- Gender and age differences between counsellor and client may have more meaning in some cultures than in others.
- Unfamiliar experiences can trigger a high level of anxiety.

(Bergin, 1995; Nova House Women's Shelter, 1994b)

Issues relevant to Aboriginal abuse victims might include the widespread negative impact of residential schools; the reluctance of people to leave their homes or land, even when abused; and difficulties associated with stepping outside the extended family to solve problems in cases of abuse (Pittaway et al., 1995).

Overcoming Cultural Barriers

Below are some suggestions for overcoming cultural barriers when addressing abuse and neglect:

- intervene immediately and as sensitively as possible when abuse is obvious and severe
- deal first with practical issues, providing information on options related to money, housing, etc.
- assure the senior's safety and right to confidentiality
- work with the senior's family if he or she agrees
- consult and collaborate with community members
- as much as possible, match the backgrounds of the senior and the counsellor
- use trained cultural interpreters
- check for personal biases and stereotypes

- be open and honest about cultural differences, and work to build trust
- try to be patient and flexible, friendly and non-threatening
- demonstrate concern
- listen.

(Bergin, 1995)

Possible Sources of Support for Older Adults

Victims of abuse, family members and service providers can draw on the following organizations for information and support for older adults:

- Public health departments for prevention and support programs, and referrals
- Community information centres for referrals to services
- Seniors centres for programs and referrals
- Community legal clinics and legal aid services for legal information, advice and representation
- Emergency shelters and safe houses, or second-stage housing for shelter during times of crisis, support and longer-term housing
- Home support services, including adult day care, caregiver relief and support, meals on wheels, wheels to meals, volunteer transportation services, friendly visiting, home-making and personal care, and caregiver respite, for assistance to older adults and caregivers
- Community health services, clinics and geriatric services for assessments, referrals and medical treatment
- Mental health services for psychiatric assessments, and individual and group counselling
- Community financial support services for preparation of income tax and other government forms and independent financial advice

(HomeSupport Canada, 1993; Sexual Assault Crisis Centre Kingston Inc., 1997; Wahl and Purdy, 1999)

Changing Community Attitudes and Values

ttitudes and values play a large role in how a community responds to the issue of abuse and neglect of older adults. Before attitudes or values can change, there must be acknowledgement that abuse and neglect occur in both the home and institutional settings in every community. It is important to also accept that the issue is extremely complex, and that there is no "quick fix" to empower individuals or change ageist attitudes and violent behaviour.

AGEISM IS PART OF THE PROBLEM

Our society holds many negative attitudes toward older people and aging. Prejudice toward older adults is termed "ageism." Older adults do not generally have a prominent, respected position in Western society. As people age, they are often considered inferior and useless.

Our society is obsessed with being young, attractive and active. Many people do not accept their own aging and this is reflected in the way they deal with older adults. To some extent everyone reflects society's attitudes, including negative attitudes toward old age. People must come to terms with their personal fear of aging if stereotypes are to change.

Ageist attitudes can adversely affect the health and psychological well-being of older people and can lead to abuse and neglect. Also, a general acceptance of the use of violence to punish and control family members can quietly support abuse and neglect of older adults. Moreover, the abuse and neglect of older adults may be wrongly regarded as less serious than that of children or younger adults.

MYTHS

There are many attitudes toward older adults that contribute to their victimization by family, friends and people in positions of trust. Negative attitudes can be expressed in myths about aging and family violence. Communities have to challenge the myths related to abuse and neglect in order to change how the issue is perceived. Some common myths are described below.

MYTH #1
Older victims are somehow responsible for their abuse or neglect.

No one ever deserves to be abused or neglected. Responsibility for abuse or neglect rests solely with the abuser. Placing too much emphasis on "caregiver stress" as a contributing factor tends to "forgive" the abuser and can promote victim blaming. While reducing caregiver stress may help prevent some abuse, no amount of stress excuses abuse and neglect. More attention needs to be paid to the characteristics of abusers rather than the victims.

MYTH #2
Older people are "burdens" or inconveniences to their families.

Although many older people depend on their families for certain kinds of support, in many cases the relationship is one of mutual assistance between generations. For example, a daughter may pick up groceries for her parents but she may regularly eat supper at their home. In many families, there is a mutual dependency that does not lead to abuse or neglect. In fact, abuse is more common when the abuser is dependent on the victim in some way.

MYTH #3
Woman abuse stops when couples grow old.

Until recently there has been little awareness that woman abuse continues as couples age. One reason may be that the limited resources made available have been spent on services such as shelters for the victims of family violence. Many of these services have been developed to accommodate the needs of younger women and children.

As well, older women often remain silent about the abuse, out of shame and fear.

MYTH #4
Older men are not abused by their spouses and children.

Men also experience abuse. They may have a more difficult time disclosing family violence because of a common belief that men are not abused and their own belief that being a victim is shameful and shows they aren't "real" men. Abuse affects both women and men.

MYTH #5
Certain cultural communities are immune to abuse and neglect.

People of all cultural heritages, races and religions encounter the problem of abuse and neglect of older adults. Several stereotypes of cultures and family violence exist. For example, many people believe that if a culture in general shows respect for its older members, abuse and neglect do not occur within that community. Unfortunately, this is not the case.

PERSONAL AND PROFESSIONAL VALUES OF SERVICE PROVIDERS

Negative attitudes and myths about older people and family violence can also shape service providers' personal and professional values. As well, service providers have varying levels of tolerance for family violence. They may assess abusive and neglectful situations in light of their own personal values. For example, past exposure to violence may make some helpers more tolerant of certain types of mistreatment or more vengeful toward certain abusers (Bookin and Dunkle, 1985, cited in Murphy, 1995). Individuals must recognize their personal values toward aging and family violence and reflect on how these values influence their delivery of professional services.

Community Approaches

ommunities come in all sizes and types, from the close-knit secluded island community to the cosmopolitan blend of a bustling city. Responses to the abuse and neglect of older adults will also be diverse, as they are adapted to meet the needs of each distinctive community.

Communities are faced with many challenges when addressing the issue of abuse and neglect. A key challenge is to make services accessible to those who most need them but may be the least able to find and use them. The community's task is to create an atmosphere that allows older adults to speak about abuse and get help. The needs of older adults must be central to the planning and delivery of services, rather than the convenience of service providers or agencies.

With this challenge in mind, communities will need to be creative in their approaches to addressing abuse and neglect of older adults. An initial step is to start a community dialogue to increase awareness. Effective community response to abuse and neglect begins with awareness and education, and is strengthened by appropriate services, advocacy and law enforcement.

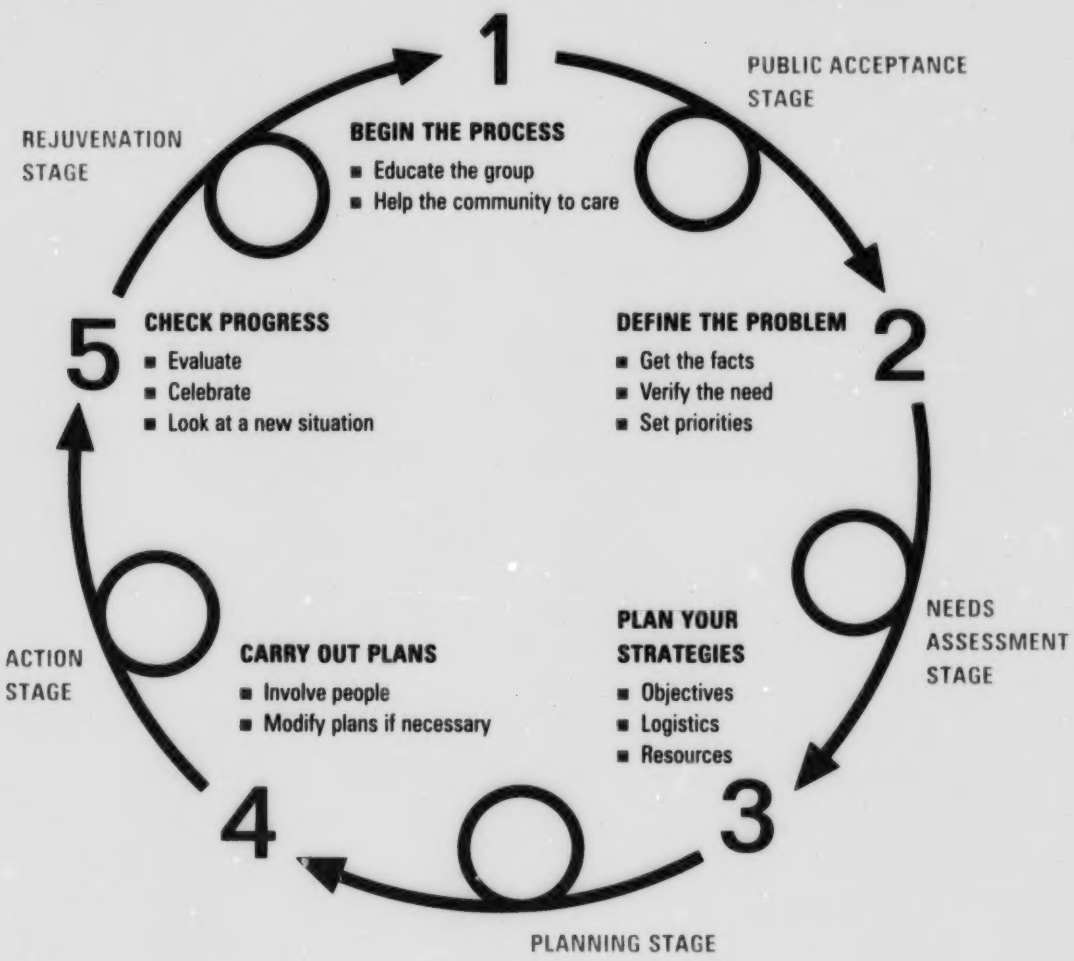
Partnering with Banks to Prevent Financial Abuse

The B.C. Coalition to Eliminate the Abuse of Seniors (B.C. CEAS) is a non-profit society that provides information, training, community development and resource materials on abuse and neglect of seniors. The organization is the B.C. site for the Scotiabank fraud awareness program: The ABC's of Fraud. It includes an interactive presentation given by trained volunteer seniors to groups of seniors in order to help them become "tough targets for frauds and scams." The program is offered

in six provinces across the country: British Columbia, Alberta, Manitoba, Ontario, Nova Scotia and Newfoundland and Labrador. For more information on the B.C. program, contact the executive director of B.C. CEAS at 604-437-1940.

Different types of communities require different approaches. Action plans must be adapted to the needs of each community through careful thinking and consultation with community members. A diagram of one community planning process is presented below. For more information on this approach, see *Breaking the Pattern: How Communities Can Help,* National Clearinghouse on Family Violence, 1994.

A COMMUNITY PROCESS TO REDUCE FAMILY VIOLENCE



Community planning must always be adapted to the needs and realities of a particular community. For example, the following are some considerations for Aboriginal and rural communities.

Approaches in Aboriginal Communities

In *Beginning a Long Journey: A Review of Projects Funded by the Family Violence Prevention Division, Health Canada, Regarding Violence in Aboriginal Communities,* Hart (1997) noted these common themes in community action on violence in Aboriginal communities:

- a recognition of the importance of ritual and ceremony
- valuing the wisdom of Elders (respected and knowledgeable community members)
- a strong sense of community and shared responsibility for violence
- an emphasis on connectedness (to the land, the family, the extended family, the clan, etc.)
- the need to address alcohol and drug misuse issues
- the importance of fostering healing among the helpers
- a focus on restoring balance and promoting activities that are positive and life enhancing
- a central attitude of caring.

Approaches in Rural Communities

Models that have proven useful in urban communities may not be appropriate in rural areas because of the longer distances necessary to travel to access services, transportation problems, fewer intervention services, greater geographic isolation, lack of privacy, and stronger beliefs about the preservation of the family.

On the other hand, smaller communities, which often have higher proportions of older residents, may have advantages in addressing abuse of older adults: there may be greater potential for social networks and neighbour involvement/support; there is less anonymity with service providers; and older residents may be willing to become involved in awareness and prevention activities (Boyack, 1997).

■ Community Efforts to Address the Abuse and Neglect of Older Adults

Here are some ideas and thoughts for addressing abuse and neglect of older adults at the community level. The suggestions are organized under the following headings:

A. Strengthen or Build Informal Social Networks
B. Advocate
C. Train Service Providers
D. Develop and Use Protocols
E. Coordinate and Develop Services
F. Develop Preventive Strategies

STRENGTHEN OR BUILD INFORMAL SOCIAL NETWORKS

One community approach is to strengthen or build the informal support systems — the family, community gatekeepers, neighbours and peer support. These networks are different from formal social service delivery systems because they rely on people's natural helping tendencies and feelings for one another. Older people are more likely to turn to these informal networks for help because they are nearby and trusted. In some rural and remote communities, few if any formal services exist. Informal support systems are the key to detection, intervention and prevention regarding abuse and neglect.

> *The social and economic isolation of older women leaves them highly vulnerable to all forms of violence, and isolation that cloaks the abuse in secrecy... Our culture must integrate elderly people into our communities in a way that respects their input and roles, eliminates poverty and discrimination and does not exploit women, the traditional caretakers of elderly people.*
>
> (Canadian Panel on Violence Against Women, 1993, page 62)

■ Developing Support Networks in the Community

Existing support networks can be recognized and strengthened by the family:

1. *Those in regular contact with older adults:* These individuals are highly visible and interact with older people on a regular, predictable basis. They include postal workers, cab drivers, apartment managers, utility meter readers, bank tellers, bus drivers, pharmacists, hair stylists and barbers, and members of the clergy. These people may offer support, companionship, practical aid, information and referrals. Their valuable front-line function can be strengthened through community education programs on the abuse and neglect of older adults.

2. *Neighbours:* Another important resource is community spirit and the willingness of neighbours to help each other. Neighbours can provide older people with immediate assistance, check on their well-being, provide daily support, and monitor suspected abusive or neglectful situations. More organized options might include coordinated telephone checks, "buddy" systems, friendly visitors and postal alerts. Neighbourhood watch programs which have been established for crime prevention can be adapted for the detection of abuse and neglect.

3. *Peers:* People often feel more comfortable talking about painful experiences with someone who is viewed as a peer and therefore seen to be more likely to understand. Older adults can give out information and provide support to their peers who are being abused or neglected. Older adults themselves can play an active and important role in a community's response to abuse and neglect.

Numerous individuals, including retired elderly persons, are willing to engage in volunteer work that helps to combat abuse of seniors... Maintaining the commitment of volunteer workers is an important ingredient in the success of the intervention model.

(Reis and Nahmiash, 1995, page 7)

Reducing Isolation Among Older Urban Natives

The Native Seniors' Centre in Edmonton identified several problems among users of the Centre that could be addressed by bringing older adults together. It received funding from the Seniors' Independence Program of the Government of Canada to provide financial services and to start a food co-op, a community garden (entirely managed by seniors), a collective kitchen, and a craft enterprise for older community members. These activities addressed several goals: improving nutrition and therefore overall health, reducing isolation, providing some additional income to participants and, as a result, decreasing the chances of abuse and neglect. For more information, contact the Centre's general manager at 780-476-6595.

The development of informal support systems is a part of a complete plan to address the abuse and neglect of older people. Government and professional responsibility is not lessened by strengthening and building informal support systems. A partnership among governments, professionals and natural helpers draws on the strengths of each group and provides an extensive base for finding solutions.

Mutual Help Groups for Abused Older Adults

A mutual help/support group for older adults who have experienced abuse can be a powerful tool for breaking down isolation and reducing feelings of being "different" or "crazy." Presently, groups that do exist for older adults tend to be for women, perhaps because women are more willing to talk openly about their abuse. Other women who have begun to change their lives are impressive role models and can provide advice and practical information on how to get help from agencies. Women have been able to support each other and, in some cases, be advocates for each other.

Individual women who feel stigmatized, powerless, isolated and to blame for their problems benefit greatly from exchanging information and expressing feelings with others in similar circumstances.

(Nova House Women's Shelter, 1995b, Introduction, Volume 2)

A Support Group for Older Women Who Have Survived Abuse

The Older Women's Long-term Survival Project in Calgary grew out of a desire among older abuse survivors to meet with other older women rather than in a mixed-age support group. Two support groups were established to explore the issue of abuse in the women's lives and consider its current and future effects. With the help of the group's facilitator — a social worker experienced in abuse issues — the women prepared a handbook for others on the specific issues faced by older women, as well as the long-term effects of abuse on their health and well-being. Project participants also acted as advocates on behalf of older abuse survivors by attending information fairs and presenting their model at a number of conferences. For more information, contact the group at 403-253-2912.

ADVOCATE

Advocacy is the vigorous and ongoing presentation of the views and special needs of older people to those in authority. Advocacy affirms the dignity and rights of people who are in danger of being devalued, ignored or harmed by the structures and systems of society. Many more older adults are advocating on behalf of other older adults, supplementing the advocacy provided by service providers and community activists.

Today, older adults are mobilizing. An emerging force to be reckoned with, they are no longer prepared to accept the role of victim. They are challenging the stereotypes of themselves as being frail, vulnerable, dependent and without a useful role in society... Seniors' organizations, governments, as well as health and social service professionals, are rightfully demanding that there be education and action on the devastating societal problem of the abuse and neglect of older adults.

(McGregor, 1995, page 1)

Older adults will generally be the most credible advocates for issues that affect them. Persistence and good public relations are the keys to successful advocacy. Effectiveness is also increased when a wide range of community members becomes involved.

A Peer Advocacy Program

The aim of the Seniors' Resource Centre in St. John's, Newfoundland and Labrador is to offer information, referral and advocacy services to break down isolation and address issues of abuse and neglect among seniors. The Centre operates a toll-free information and support line. It also runs a seniors' peer advocate program through which volunteers offer individual support and provide online information, speak in rural areas on services that are available to seniors, and advocate on behalf of seniors where services are not offered. For more information, contact the Centre's Executive Director at 709-737-2333 (call toll-free in Newfoundland and Labrador at 1-800-563-5599).

Advocacy can involve the following activities:

1. Speaking out against the barriers and gaps that abused or neglected older people experience within the criminal justice, medical and social service systems, and speaking out for
- more effective community response and service coordination
- funding of new services for abused or neglected older adults, and for abusers
- legislative reforms and effective enforcement to address the issue
- more readily available services in rural and remote areas.

2. Challenging the myths surrounding aging and family violence is a continuing process and can take place in formal and informal settings. For example, awareness and education sessions, media advertising and presentations to groups of service providers can be organized. Myths can be addressed on a one-to-one basis with service providers, media representatives, community leaders and community and family members.

3. Assisting older adults who are being abused or neglected to
- link them with a system of services that meet their needs
- develop better outreach services for them
- provide follow-up to ensure services are in place
- support them in court as required.

Advocacy means looking toward long-term solutions while providing assistance in the short term. Advocacy may focus directly on issues of abuse and neglect, or indirectly on issues such as the need for improved access to transportation.

TRAIN SERVICE PROVIDERS

Ongoing training for those who are involved with older adults is essential if any change in attitudes and practices is to occur. Both professional and non-professional service providers need training to increase their familiarization with the issue of abuse and neglect of older adults. When service providers from different disciplines, backgrounds and job settings are sensitized to the issue, they are able to identify abuse and neglect, handle cases more effectively and make referrals to appropriate agencies. Training must be ongoing in order

to reach new staff members and provide up-to-date knowledge and refreshed skills to everyone.

While basic training in identifying and intervening in abusive situations has been done in many organizations and professional groups, there is continuing need to widen its reach among community members and service providers. For example, in addition to homemakers, physicians, social workers and seniors' recreation staff, others who can become more effective in responding include housing managers, home maintenance workers, postal carriers, and grocery store staff.

> *The home care and community support services sector is in a unique position vis-à-vis elder abuse. Front line home and community care workers, homemakers, home support workers, meals on wheels volunteers, nurses, technicians and others may be the only "outsider" that a victim of elder abuse ever sees. These workers can be trained to identify elder abuse and alert their own agencies or other community organizations when they see evidence of elder abuse.*
>
> (HomeSupport Canada, 1993)

Objectives of training can include the following:

- becoming sensitive to the aging process
- understanding the social context of abuse and neglect so as to identify high-risk factors and avoid blaming the victim
- ensuring a culturally appropriate response by being sensitive to ethnocultural minority, racial and religious communities, and working in collaboration with them
- learning about appropriate interventions and available community resources
- developing the ability to assess family dynamics and stay involved with abused or neglected adults.

Training activities might include the following:

- identifying groups requiring training and devising strategies to reach these groups
- making trainers available to community groups
- preparing older adults to work as advocates within their local communities
- developing manuals for service providers
- changing curricula in professional schools to include courses in gerontology, family violence, and abuse and neglect of older adults.

Tips for Successful Training

- Begin by assessing what trainees know and want to learn about abuse and neglect of older adults.
- Consider the level of education and the learning experiences of participants. Many homemaking and care aides, for example, have less than Grade 12 education and are not used to university-style lectures.
- Use adult learning principles to design training sessions (e.g., involve the adult learner in setting goals and viewing the trainer as a resource).
- Be flexible and prepared to interact with participants who present their own experiences for discussion.
- Make sure to include discussion of actual abuse situations in order to make the material "real."
- Try to create a balance between providing information and exploring attitudes.
- Draw on both professional resources and knowledgeable community members.

(Hamlet, 1992; Hoff, 1994; Murphy, 1995)

Gathering Training Resources

There are many sources of training resources. For a list of selected educational videos on abuse and neglect, see Appendix B. A sampling

of print materials (training manuals, curricula and information resources) can be found in Appendix C. Some key sources of materials are listed below.

The National Clearinghouse on Family Violence, Health Canada

The Clearinghouse distributes numerous fact sheets, reports, information on video collections, and other educational materials on many aspects of family violence, including abuse and neglect of older adults. Materials are available free of charge, and can be copied for educational purposes. As well, hundreds of items from the Clearinghouse library can be borrowed through an interlibrary loan through your local library (allow several weeks for delivery).

See Appendix C for contact information.

The National Film Board of Canada (NFB)

NFB has a small collection of films and videos on the abuse and neglect of older people, which may be purchased from its main office.

See Appendix B for contact information.

Journals

Many social work, nursing and medical journals publish articles dealing with the abuse and neglect of older adults. These articles can provide up-to-date research findings, case examples and commentary. Journals can be accessed through university and community libraries. Some useful titles include the following:

- *Journal on Elder Abuse and Neglect*
- *Journal of Family Violence*
- *Canadian Journal on Aging.*

Provincial and Territorial Governments

Various departments of the provincial and territorial governments address aspects of the abuse and neglect of older adults and are good sources of information on legislation, programs, conferences, training opportunities and service networks. Departments and programs to check include the following:

- family violence programs
- seniors programs
- ministries of health and social services.

DEVELOP AND USE PROTOCOLS

A protocol is a detailed description of procedures to follow in a given situation. A good written protocol is a form of support for the front-line service provider because it:

- sets out a framework for action
- clarifies expectations
- outlines roles and responsibilities
- assists in decision making
- reduces anxiety and uncertainty about the consequences of action (or inaction).

Every organization involved with older adults, not only health and social service agencies, should have a protocol addressing abuse and neglect. Many organizations and agencies have already developed detailed protocols, guidelines and forms on abuse and neglect that can be adapted to different communities and needs. Be sure to check with others before developing new materials.

HomeSupport Canada (1993) suggests that protocol development begin with a community needs assessment to demonstrate the complexity of the issue and determine the specific need for a written protocol. A working group with representation from various agencies, advocates and seniors groups will strengthen the protocol and contribute to its acceptance. Possible questions to address in the development of a protocol are as follows:

1. What **principles** will guide interventions?
2. What are the **policies** of the organization or inter-agency group related to client services, inter-agency collaboration, reporting and documenting situations, family violence and abuse and neglect, and how will these affect action on abuse and neglect of older adults?
3. What **definitions** will the protocol include?
4. What **reporting structure** will be used (inside and outside the agency, including any mandatory requirements for reporting)?
5. What **roles** will different staff assume, and how will they work with each other?
6. How will **emergency and/or criminal situations** be handled?

7. Who has the **authority to investigate** alleged abuse and what steps will be taken to ensure a thorough but sensitive assessment/ investigation?
8. What **intake/documentation** procedures are needed?
9. What **interventions** will be made in different situations?
10. What **referrals** will be made to other organizations and services?
11. How will situations be **followed up**?
12. What **case review** process will be used?
13. What **appeal process** will be used if needed?

(HomeSupport Canada, 1993)

COORDINATE AND DEVELOP SERVICES

Community Coordination

Another important factor is effective coordination of community services. Identify services in your community that may have a role to play in responding to the issue (e.g., legal systems, social services, shelter facilities, respite care, counselling agencies, police, mental health services and seniors' organizations). Include those that are often viewed as external to the traditional formal social service network (e.g., volunteer programs, Royal Canadian Legion, Red Cross, banks, churches, post offices).

Groups and individuals beginning to work together often find that there is no commonly accepted definition of abuse and neglect, and no agreement on the types of experiences that the term should encompass. These differences of perception can make it difficult to obtain accurate information on the amount and kinds of abuse that is occurring. This, in turn, can affect a community's ability to act. Therefore, often, one of the initial tasks of a group is to agree on what is meant by the abuse and neglect of older adults.

Many coordination models exist. A coordination model specific to elder abuse and neglect was developed through a pilot project in B.C. The initial project was carried out in 11 communities to help abused and neglected seniors receive appropriate help. (The project was later expanded in B.C. and is now being implemented in Ontario.) The guide that resulted from the pilot project, Developing

Community Response Networks: A Guide for Communities (Holland, 1994), identified these steps in the coordination of services:

- developing criteria and procedures for involvement
- profiling the community
- inter-agency training
- goal setting (for the local community, individual/work group action and the provincial level)
- leadership development
- action planning
- organizational design and development
- evaluation.

When coordinating services, each community will need to decide whether to designate one agency as the leader or identify a number of core agencies that will lead the process collectively. Another approach is to create a multidisciplinary team (either within one agency or made up of staff from different agencies) to respond to abuse and neglect situations.

A Central Coordinating Agency

A coordinated model of intervention regarding abuse of older adults has been developed in Winnipeg and adapted in other Manitoba communities. The Age and Opportunity Centre created the Elder Abuse Resource Centre to coordinate community services for abuse and neglect of older adults, to provide education and consultation for other service providers and to provide counselling for older adults who had been abused. Older adults have been involved from the beginning in the management committee and in delivering services. While the Centre now operates with reduced funding, basic services continue. For more information, contact the Elder Abuse Resource Centre manager at 204-956-6449.

Goals for the Multidisciplinary Team

Some goals for a multidisciplinary team are as follows:

- to provide a forum for detailed case presentations and the formulation of plans for intervention
- to ensure that intervention protocols are followed
- to assign responsibility to certain team members for certain tasks, and provide support and advice to them
- to refer cases to other appropriate intervention teams if required
- to evaluate the effectiveness of particular interventions and jointly decide on different courses of action.

(Reis and Nahmiash, 1995)

Intervention and Consultation Teams

In Edmonton, the Elder Abuse Intervention Team — composed of a social worker, a police detective and a representative from the service community — works with older adults at risk of abuse. Using an assessment tool developed by a group of service providers, the team assesses each situation and develops an appropriate safety and service plan with the individual. Some of the more complex situations can be taken to the Elder Abuse Consultation Team, a multidisciplinary group comprising doctors, nurses, legal advisors, social workers, Alzheimer Society representatives and home care workers. The Consultation Team meetings also provide an opportunity for cross-learning and the exchange of information among service providers. For more information, contact the team at 780-451-9243.

Developing New and More Effective Services

A community's response can be enhanced by the better use of existing services. Potential improvement of existing services can first be identified by evaluating them. Evaluation can determine what is effective and what changes might be needed. It is also valuable when planning new services.

To build on existing services, examine how individual services may be adapted to respond to the needs of older people. Although many services do not have a specific mandate to respond to the abuse and neglect of older people, they may be able to offer what is required by modifying what they currently do. For example, transition houses could make at least one ground floor bedroom available for older women and adapt bathrooms and other daily living facilities for people with disabilities (Masuda and Ridington, 1990).

McGregor (1995) proposes the following roles for community nurses, which could be applied to other service providers such as social workers. Service providers should offer the following:

- **support and counselling** to encourage disclosure and the expression of emotions, to provide emotional support and "respectful confrontation" if the older adult is self-blaming, and to aid in the decision-making process
- **education** to dispel mistaken beliefs and provide accurate information about human/civil rights and available options
- **assessment** of both the physical ability to cope with the situation and the mental capacity to cope and make decisions
- **medical intervention** to assess, treat and follow up on physical injuries and psychological trauma
- **resource linkage** to provide home-based services, protective services if available, and alternative housing if desired
- **development of a plan of care** with the older adult that addresses the abuse or neglect, improves the quality of life without any increased risk, and involves the health care team.

A community should try to ensure that culturally appropriate services and models of service delivery are integrated in all community agencies. Each community has to adapt existing resources to reflect its unique cultural character. Service needs in a large multicultural

community are different from those in a small village where people may be quite similar in background.

A Shelter for Abused Older Adults

Abused seniors in Calgary now have a shelter where they can take refuge and receive the support and services they need. In operation since early 1999, Kerby Rotary House is the only one of its kind in Canada, and is privately funded. A team of male and female staff provides crisis counselling and 24-hour support to the residents. Other community services are offered through the multi-purpose Kerby Centre nearby. The Kerby Centre provides a variety of programs for seniors, including financial services and a wellness centre. For more information, contact the Executive Director of Kerby Rotary House at 403-705-3244.

DEVELOPING PREVENTIVE STRATEGIES

The purpose of prevention is to reduce risk factors for abuse and neglect and to ensure that abusive situations do not occur. Two key strategies discussed here are educating the public and empowering older adults.

Educating the Public

Public education is an ongoing process of raising general awareness in the community to promote consistent and progressive change. The key to any social change is motivating public involvement. Awareness of the abuse and neglect of older adults can be promoted in a variety of settings. For example, the Justice Institute of B.C. (1994) has developed a guide to organize information sessions in the workplace. (These one-hour sessions could be held in other community settings as well.) The goals of educating the public (which includes potential and current abuse victims and abusers) are as follows:

- to increase awareness that there is violence and abuse in the community

- to stimulate discussion and growing understanding of the abuse and neglect of older adults
- to promote awareness of practical steps for help
- to increase awareness of resources available in the community.

A Volunteer Speakers Bureau

With funding from the National Strategy on Community Safety and Crime Prevention, The Third Age Centre in New Brunswick developed a train-the-trainers kit and established a province-wide volunteer speakers bureau on senior abuse and neglect, frauds and scams. A detailed manual includes information on the issues, suggestions for developing presentations, and hand-outs and overheads. For more information, contact the Centre at 506-452-0526.

When Older Adults Disclose Abuse

Groups that hold public meetings on abuse and neglect should be ready for some audience members to disclose their own or someone else's experience of abuse. Murphy (1995) presents these suggestions:

- have an abuse/neglect report form available for participants who want to report a situation but do not want to give their name.
- have a second presenter or a counsellor available to take participants aside if they become upset and want to talk.
- compile and hand out a list of local community resources and contact names.
- give participants time to talk about concerns after each session in one-on-one informal discussions.

Increased awareness of the problem encourages abused or neglected older adults to seek assistance. It also helps community members identify abuse and neglect cases and intervene appropriately. Public education strategies can also be useful for highlighting existing resources that are available to abused or neglected older adults.

A variety of activities can be planned. For example, strategies might include the following:

- educating the public about the serious nature and effects of abuse and neglect of older adults
- making people aware of the many factors that contribute to abuse and neglect and helping them recognize these factors in friends and family members so that changes can be made to prevent abuse
- providing older adults with information about their legal rights
- producing materials in languages other than French and English, with language choices based on the linguistic composition of the community (e.g., Chinese, Spanish, Ukrainian)
- providing information about the normal aging process in order to change stereotypes
- helping children, youth and young adults to develop positive images of older adults (e.g., through intergenerational visits or projects).

Public education can be carried out in many different ways and contexts. Methods and formats should be geared to community type and the targeted audience. Some suggestions are the following:

- public meetings, held in a variety of locations convenient to different groups
- speakers bureaus that send speakers to groups, organizations, conferences, etc.
- information campaigns in particular neighbourhoods, housing complexes or cultural communities (might include the use of posters, video showings, information tables, etc.)
- kiosks in public places (at community meetings, recreation centres, shopping centres, libraries, etc.)

- a telephone information line (toll-free and communication-device-assisted if possible);
- an information resource library housed in a seniors organization, health centre or community information centre
- a video-lending library or travelling theatre group.

(Reis and Nahmiash, 1995)

The media (e.g., newspapers, radio, television, cable companies) are important allies in promoting public education messages. The media can be helpful if older adults are portrayed positively and realistically and the issue of abuse and neglect is not "sensationalized." Be sure to carefully craft your message to ensure that it is clear and concise and reflects the true realities of the problem.

Empower Older Adults

Empowerment means aiding individuals to take control over their lives and to make decisions that are in their own best interests. Supporting the independence and quality of life of older adults is one strategy toward preventing abuse and neglect (Widgor, 1991).

Empowerment is more about *how* help is offered rather than *what* is done. Empowerment can be fostered by the following:

- providing support and information in a respectful, non-controlling way
- encouraging feelings of power and the ability to affect one's situation
- teaching skills related to self-protection and assertiveness
- sharing knowledge about rights and problem-solving strategies.

(Reis and Nahmiash, 1995)

Service providers have an essential role to play in abuse prevention. For example, professionals can contribute to prevention of abusive situations by paying attention to dysfunctional family relationships, and assisting families to improve communication patterns, maintain affection and develop problem-solving skills (Tindale et al., 1994).

Home Banking for Seniors

In Quebec City, an advocacy group for the rights of seniors, Association québécoise pour les droits de retraité-es, has found a way to both break the isolation of seniors and help prevent financial abuse. It offers home banking to seniors with disabilities who live in low-income housing and seniors residences. Local Caisses populaires (credit unions) send a cashier twice each month to provide banking and financial services to seniors who otherwise might have to rely on others to handle their affairs. The program has been successful and in one area of the city the Caisse populaire has a cashier working full time offering home banking in the community. For more information, in French only, contact the group at 418-524-0437.

One of the most effective ways to prevent continuing abuse and neglect is to decrease social isolation. Strengthening social support networks through a variety of home-based services, such as friendly visitors, Meals on Wheels, home support, professional services and homemakers, is an important strategy. Another option is to increase the number of activities older adults can attend outside the home, such as adult day centres or special events at public libraries and community centres. Access to transportation services (public transit passes, special transport services and volunteer drivers) is critical.

Legal Issues

There are many legal issues that affect a community's response to the abuse and neglect of older adults. Some of the main issues to consider are legal interventions, individual competency and mandatory reporting.

Many aspects of these legal considerations directly conflict with the principles of self-determination and adult empowerment presented in this document. The challenge is to balance respect for an individual's right to make decisions (self-determination) with the moral responsibility of the community to ensure the safety and well-being of its members. Ethical questions such as these require careful consideration. Because attitudes and values affect ethical decisions, they need to be examined as well.

LEGAL OPTIONS

> *"Older adults who have been abused seldom think of invoking legal interventions. Criminal and civil law are not familiar ground to most Canadians, and the isolation of abused seniors can contribute to ignorance of their rights and of the help available to assure those rights."*
>
> (McKenzie, Todd and Yellen, 1995, p. 25)

Reporting to Police

There is some disagreement about the value of reporting cases of abuse and neglect of older adults. Given our belief in older adults' right to make their own decisions, it is critical that, if the victims are considered mentally competent, they should be supported in their decision to report or not to report.

Many service providers do not report abuse to police or discuss the options for reporting with their clients. Some perceive the problem

of the abuse and neglect of older adults to be a family issue, requiring family services, not legal interventions. Some may not be knowledgeable about legal resources available for their clients, while others may feel that reporting without the victim's consent breaches client confidentiality.

Some service providers believe that a criminal prosecution is of little assistance to the older victim, given that it focusses on punishing the offender rather than helping the victim. The victim also may face retaliation after making a complaint or, if the abuser goes to jail, after he or she is released. If the abuser is the only source of support for the victim, the victim may have to be placed in institutional care (Boyack, 1997). However, reporting abuse and carrying through with a court case does not necessarily lead to a prison sentence for the abuser. In some cases, the abuser may be required to undergo individual counselling or group treatment. In other cases, reporting the abuse can trigger other assistance such as home care. As well, many individuals who have been abused gain satisfaction and peace of mind in reporting the abuse and proceeding through the criminal justice system.

Anyone (the victim, a family member or friend, a witness to the abuse, or a service provider) can report a suspected occurrence to the police. Reports can be made anonymously if desired. In provinces and territories with mandatory reporting legislation, service providers who know of or suspect abuse are required to report the incident to the authorities.

Why Should Abuse and Neglect Be Reported to Police?

There are important reasons for reporting abuse and neglect to police. In the handbook Elder Abuse: The Hidden Crime *(Wahl and Purdy, 1999), the authors state:*

"If you have been abused, tell the police. *Call the police even if you think that the incident is not very significant,*

or if you believe that you have given the abuser cause to abuse you. Calling the police is an important part of protecting yourself and of being a good neighbour. Telling the police about crimes that have happened is one way to prevent future crimes." (p.11)

Reporting a crime to the police may involve the following:

- making a detailed verbal statement, then signing a written form of the statement
- having the police interview family members, caregivers and neighbours who may have evidence
- taking photographs of any injuries
- going to the hospital for a physical examination if the sexual or physical assault was recent, to gather and document physical evidence
- identifying the abuser
- testifying in court

(Sexual Assault Support Centre Kingston Inc., 1997; Wahl and Purdy, 1999)

Sometimes, a lack of evidence and documentation on cases has hindered police investigations. Many agencies keep appropriate records for child and spouse abuse, but may not have protocols for documenting signs of abuse and neglect of older adults (A.R.A. Consulting Group, 1991).

Criminal Charges

A complaint against an abuser may be filed by an individual or the police. In some provinces and territories, the police can independently lay charges, while in other jurisdictions it is the Crown Prosecutor who decides whether charges will be laid. Cases are then heard in either criminal court or special courts set up to hear family violence cases, depending on the province or territory.

Some Criminal Code offences that may apply in the case of abuse and neglect of older persons are the following:

Physical Assault

- assault
- sexual assault
- forcible confinement
- murder/manslaughter
- administering a noxious substance
- counselling suicide
- robbery
- aggravated assault

Financial Abuse

- theft, including theft by a person holding a power of attorney
- fraud
- robbery
- forgery
- extortion
- stopping mail with intent
- criminal breach of trust
- conversion by trustee

Neglect

- criminal negligence causing bodily harm
- breach of duty to provide the necessities of life

Mental Cruelty

- intimidation
- uttering threats
- harassing telephone calls

(Murphy, 1995)

Any unwanted sexual activity is a crime. It might include the following:

- forced kissing
- touching in a sexual part of the body
- being forced to touch someone else in a sexual way
- being forced to have sexual intercourse.

(Sexual Assault Crisis Centre Kingston Inc., 1997)

Victim assistance programs can be very helpful in supporting older adults and their families in proceeding through the criminal justice system. As well, some communities may have or could develop an advocacy service for victims of abuse and neglect.

> *Knowing one's rights is one thing, acting on them is another. There is increasing demand on already extended social and legal services. The person who can apply the most pressure is often the one who gets the attention... Effective advocates are problem-solvers working with their clients and with other service providers to overcome obstacles and coordinate services.*
>
> (McKenzie, Tod and Yellen, 1995, p. 23–4)

Peace Bonds

Where personal injury or damage to property are feared, a peace bond may provide protection from the abuser. A peace bond is issued by the court, usually after a complaint is made or a criminal charge is laid and when the court is satisfied that there are reasonable grounds for the victim's fear for his or her safety. The bond sets out certain conditions that the alleged offender must follow (such as staying away from the victim) and is in force for a specific time period (Boyack, 1997).

Civil Actions

Another option (taken alone or in addition to the laying of criminal charges) is using the civil law courts to try to recover funds and/or claim damages (e.g., for breach of trust, or to compensate for the effects of sexual, physical or emotional abuse and neglect). Civil actions are heard in civil rather than criminal court. The victim requires a lawyer and there will be some costs involved (Boyack, 1997; Sexual Assault Crisis Centre Kingston Inc., 1997). Information, assistance and

support may be available through local legal aid services, community legal clinics and public legal education associations.

Criminal Injuries Compensation Boards

The Criminal Injuries Compensation Board is another source of compensation for a crime that has been committed. To apply to the Board, the offence (usually sexual or physical assault) has to have been at least reported to the police (even if charges were not laid). Similarly, an application can be made if the case was heard in court or the assailant was found guilty. Applications to the Criminal Injuries Compensation Board are made in writing and, if accepted, are followed by a hearing in which the victim testifies.

Community Services for Legal Interventions

The following community services can help the victim decide what legal actions to take. They can also be an invaluable support to those who want to report or have reported abuse and neglect to the police and are involved in a court case.

- Victim witness and assistance services
- Legal aid services
- Community legal clinics
- Law information lines
- Public legal education associations
- Lawyer referral services
- Sexual assault support centres
- Shelters or advocacy services for abused women
- Seniors' advocacy centres
- Support groups for survivors of abuse and neglect.

These services may be located through the white and yellow pages of the telephone book or through a local community service information centre. Usually, any of these services can refer callers to at least some other services in the community.

INDIVIDUAL COMPETENCY/CAPACITY

> *The characteristic behaviours of a person who has been mistreated over a long period tend to involve depression, confusion, forgetfulness, and indecision, and these are often interpreted as incapability in the older adult.*
>
> (McKenzie, Todd and Yellen, 1995, p. 25)

Most older victims of abuse and neglect are mentally competent. Service providers should not assume that victims are unable to make decisions for themselves merely because they are older (Wahl and Purdy, 1999). Deciding to assess competency usually results from the need to determine whether the individual is capable of making decisions concerning physical care or personal affairs, or whether a substitute decision maker is needed. In situations of abuse, the substitute decision maker must not be the abuser.

Some service providers suggest that, before deciding if a competency assessment is necessary, caregivers should first look at support services to solve the problem. Often, older adults who have lost skills in certain areas can cope once the right community supports are put in place (McKenzie, 1992).

Adults who are mentally competent have the right to refuse assistance, even if this refusal is deemed inappropriate by others. They have the right to accept or reject community services and advice on living arrangements or financial matters.

As with other adults, older people are considered capable of making decisions and managing their own affairs until there is evidence to the contrary. Competency is also issue-specific: individuals may be competent to make some decisions but not others. For example, they may be considered competent to decide whether they can live independently, but not to manage investments. Similarly, there is a difference between a *clinical* competency assessment and a *legal* competency assessment.

A *clinical* competency assessment may include a medical diagnosis, such as to determine whether the person has a dementia or suffers from a neurological disorder. This may explain why they fail to understand the decisions and choices they must face, have delusions or show a lack of good judgement. A *legal* competency assessment is based on the definition of capacity that is in the applicable provincial/territorial law. For example, in Ontario, the *legal* competency assessment that will trigger a substitute decision maker examines whether a person "understands" the decision that is to be made and "appreciates" the consequences of making or not making the decision. A person may be in the first stages of Alzheimer's disease, yet may still be mentally capable, in the legal context, to make a decision about his or her finances or personal care.

When and How to Assess Competency

Competency assessment is too complex a topic for a detailed discussion in this document. As well, legal definitions of competency, and policy as to how and by whom it can be assessed, vary across Canada. For example, in some provinces, certain professionals are designated as capacity assessors. In Ontario, an "evaluator" determines whether an individual has the capacity to make decisions about admission into a long-term care facility. Readers are encouraged to contact local agencies and provincial/territorial ministries of the attorney general for more information.

Assumptions about an older person's competency level should not be based solely on a first encounter. An older person may appear disoriented when disclosing abuse or neglect, and long-term abuse can lead to depression and confusion. This is the normal reaction to emotional stress. A visual or hearing impairment may also be misinterpreted as mental incompetence (Wahl and Purdy, 1999). As well, mental incapacity should not be confused with mental illness. Many mentally ill individuals continue to be capable of making decisions about their lives.

A Legal Clinic for Seniors

The Advocacy Centre for the Elderly (ACE) is the first legal clinic in Canada to specialize in the legal problems of adults 60 years of age or older. The Centre is funded by Legal Aid Ontario and primarily provides services to low-income seniors. It is managed by a volunteer board of directors, at least half of whom are seniors. It provides direct assistance to clients who need legal advice or representation on matters such as powers of attorney, mental competency, substitute decision making, and criminal and civil court proceedings related to abuse and neglect. The Centre also offers legal education and advocates for law reform. It has been active in the area of abuse of older adults for more than a decade, and has published the guide booklet *Elder Abuse: The Hidden Crime.* For more information, contact the Executive Director at 416-598-2656.

Adult guardianship laws exist for the protection of people who have been found to be incompetent. Many provinces and territories have changed or are reviewing their adult guardianship laws to enhance clarity and ensure a more flexible system based on the principle of minimum intervention. That is, incompetence would be declared only in those areas in which an older person is having difficulty. A flexible system has the advantage of protecting older individuals while allowing them the dignity of controlling their lives.

ADULT PROTECTION LEGISLATION

One response to the abuse and neglect of older adults has been the enactment of adult protection legislation. Those provinces that have passed adult protection legislation have done so to provide a legal framework within which health and social service personnel can intervene in family settings where the abuse and neglect of older adults is occurring. Adult protection legislation has both strengths and weaknesses.

Some people support adult protection legislation because it:

- protects older persons who are incapable of consenting to help
- clarifies the powers of intervention for health and social service workers
- outlines a set of procedures for initial and long-term case management
- enhances public and professional awareness and obligates governments to provide support for services
- may deter abusers.

Some adult protection legislation has been criticized because it:

- resembles child protection laws and can be strongly paternalistic
- provides imprecise definitions because of a lack of agreement on what abuse and neglect includes
- threatens the relationship between client and service provider by violating confidentiality and the right to privacy
- requires services that might not be in place
- may increase, rather than decrease, family problems because the options for intervention are reduced.

(Gordon and Tomita, 1990; Murphy, 1995; Nova House Women's Shelter, 1995a)

The Government of Ontario has tried to reach a compromise between full adult protection legislation and no requirement for intervention. The Substitute Decisions Act spells out the conditions under which, and for what purposes, individuals can be considered competent to make their own decisions and are therefore not in need of protection (Wahl, 1999). The Act also provides for voluntary reports of abuse or serious risk of abuse (either financial or personal) to be made to the Office of the Public Guardian and Trustee (OPGT). The Office is mandated to investigate allegations of harm. If it finds that the individual is not mentally capable, is experiencing abuse or is at serious risk of being abused, and needs assistance for protection, the OPGT then may apply to court to become that individual's temporary Guardian of Property and/or Person. If the OPGT finds that the individual is mentally capable but at risk, it assists that person in connecting with other services and resources that can assist in addressing the abuse or risk of abuse.

Mandatory Reporting

Some provincial statutes provide for the mandatory reporting of suspected abuse and neglect that occurs in non-institutional settings, with penalties for those who fail to report. There is widespread agreement that mandatory reporting is necessary in institutional settings, but there is considerable disagreement on its appropriateness for non-institutional settings.

Arguments against mandatory reporting include the following:

- It is premature to demand reporting when definitions of what constitutes abuse and neglect are vague.
- Having to report suspicious events creates a society in which people have to spy on each other, and erodes fundamental democratic ideals and principles.
- The personal information that is collected during investigations may be misused.
- Older adults may have unwanted or unnecessary "therapeutic" interventions thrust upon them.
- Ethical dilemmas are created among service providers.
- Client confidentiality is overridden, and this may inhibit victims from voluntarily seeking assistance.
- Valuable resources are consumed by "policing" families rather than providing preventive and support services to them.

Arguments in favour of mandatory reporting include the following:

- Intervention occurs at an early stage, increasing the safety of victims and decreasing the degree of harm inflicted.
- Public awareness of abuse and neglect is heightened.
- Potential abusers may be deterred if they know they will be reported.
- Immunity from prosecution is ensured for people who report and investigate suspected cases.

(Gordon and Tomita, 1990; Murphy, 1995; Nova House Women's Shelter, 1995a)

Both mandatory and voluntary reporting are ineffective if there is no public education program to inform people about the rights of older adults, and the potential for abuse of those rights and the moral responsibility toward abused and neglected people. It also is necessary to provide adequate community resources to address the needs of the older adult and the rehabilitation of the abuser.

(Murphy, 1995, p. 68)

Some authors conclude that voluntary reporting may address the concerns of those opposed to mandatory reporting, while satisfying those who argue in favour of some reporting system. They believe that voluntary reporting is as effective as mandatory reporting in ensuring that protection and assistance are provided for adults in need (Boyack, 1997; Gordon and Tomita, 1990).

A Final Note

The issue of the abuse and neglect of older adults is very complex and can be disheartening. Communities should consider the many changes that need to occur so that abuse does not happen and those who are abused or neglected get prompt, effective help. There is a clear need for abuse and neglect of older adults to be better understood, myths to be challenged, attitudes and values to be changed, and programs and activities to be improved. A caring community must consider which approaches it is willing and able to take, based on the resources (people, knowledge, skills, money) available. Options must be explored and then tailored to meet the needs of the community.

The prevention of the abuse and neglect of older adults is a community challenge that will not be resolved quickly by one person or one approach. It will require a coordinated effort to create an environment that reaffirms the right of older adults to self-determination, respect and dignity. In the process, all community members will be strengthened, and everyone involved will have contributed to a society that is more caring, compassionate and affirming, one in which everyone can age to his or her full potential.

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APPENDIX A

Common Indicators and Risk Factors

Indicators of Abuse and Neglect

Physical Abuse

- depression, fear, anxiety or passivity
- unexplained injuries such as cuts, bruises, burns, swellings, restricted movement
- injury for which explanation does not fit evidence
- repeated falls
- delay in seeking treatment
- injury to scalp, evidence of hair pulling
- forced feeding
- grip marks, evidence that the person has been shaken
- rope or belt marks

Psychological or Emotional Abuse

- depression, fear, anxiety or agitation
- withdrawal or extreme passivity
- low self-esteem
- feelings of hopelessness and helplessness
- difficulty sleeping or needing excessive sleep
- older person appears nervous around the caregiver
- deference to the caregiver (e.g., waits for the caregiver to respond to all questions)
- significant change in weight
- difficulty visiting, calling or otherwise contacting an older person
- older person makes excuses for social isolation

Financial Abuse or Exploitation

- unexplained or sudden difficulty in paying bills
- unexplained differences between known income and standard of living
- refusal to spend money without agreement of caregiver

- absence of required aids
- an older person has signed a document (e.g., will, property deed) without full understanding
- disappearance of possessions
- an older person is surprised by an overdrawn or lower-than-expected bank balance; unusual transactions conducted on behalf of an older person

Sexual Abuse

- depression, fear, anxiety or passivity
- pain, bruises or bleeding in genital area
- genital infections

Medication Abuse

- over-sedation
- reduced mental or physical activity
- depression
- reduced/absent affect of medication

Neglect

- malnourished, dehydrated
- missing dentures, glasses or hearing aid
- poor hygiene, urine sores or bed sores
- unattended for long periods or tied to bed/chair
- unkempt appearance: dirty or inappropriate clothing
- over-sedation
- untreated medical problems

Indicators of Risk for Abuse in the Recipient

- female
- psychological dependence by abuser or on the abuser
- long-standing history of spousal violence or a poor marital relationship
- past history of abuse, neglect or exploitation
- advanced age (75+)
- physical dependence
- impaired mental status

- history of mental illness
- alcohol or substance abuse
- financially dependent or finances managed by others
- isolated

Indicators of Risk for Abuse in the Abuser

- psychological dependence by victim or on the victim
- long-standing history of spousal violence or a poor marital relationship
- impaired mental health status
- history of mental illness
- difficulty coping with stress
- alcohol or substance abuse
- financially dependent
- inexperienced at caregiving
- isolated
- abused as a child

Sources: Boyack, 1997; British Columbia InterMinistry Committee on Elder Abuse, Continuing Care Division, Ministry of Health and Ministry Responsible for Seniors, 1992; CLSC Rene-Cassin, 1993; Dyck and Hennan, 1996; Lithwick, 1999; McGregor, 1995; Murphy, 1995.

APPENDIX B

Selected Video Resources

Available from the National Clearinghouse on Family Violence

The National Clearinghouse on Family Violence produces "Preventing Family Violence: A Catalogue of Canadian Videos on Family Violence for the General Public and for Professionals Working in the Field." To obtain a copy, contact the following:

National Clearinghouse on Family Violence
Family Violence Prevention Unit
Health Canada
Ottawa, ON K1A 1B4

Tel.: 613-957-2938 or toll-free: 1-800-267-1291
TDD: 613-952-6396 or toll-free: 1-800-561-5643
Fax: 613-941-8930
Internet: http://www.hc-sc.gc.ca/nc-cn
E-mail: ncfv-cnivf@hc-sc.gc.ca

These videos are available for rent from partner public libraries or may be purchased from their distributors.

Auguste and Blanche

1993, 30 minutes

Married for 50 years, Auguste and Blanche have become the victims of extortion at the hands of their children. The violence increases in the few weeks before Blanche dies. The children take Auguste's money and physically and mentally abuse him. His grandchildren blackmail him and the rest of the family is indifferent and refuses to help. By chance, Auguste finds the help he needs to deal with his situation. He is encouraged and helped by other victims to end the abuse.

Purchase inquiries: Vidéographe, Suite 504, 460 St. Catherine Street West, Montreal, Quebec, H3B 1A7, tel.: 514-866-4720.

Disponible en français : *Auguste et Blanche*

Calling a Halt

1989, 27 minutes

The video is designed to make retired persons and senior citizens aware of a type of criminal behaviour that is seldom reported: violence against senior citizens.

Purchase inquiries: Sûreté du Québec, Service des relations communautaires, 1701, rue Parthenais, Montreal, Quebec, H2K 3S7, tel.: 514-598-4012.

Disponible en français: *S'en sortir!*

Elder Abuse: A Multi-Disciplinary Team Approach

1994, 25 minutes

The video follows three "typical" abuse situations. Each situation models the role of a professional who discovers a case of abuse, recognizes the complex circumstances, acknowledges her or his inability to address them alone and then makes a referral to the multidisciplinary team. The team is then seen in action — consulting on the case and making recommendations.

Purchase inquiries: Age and Opportunity Elder Abuse Resource Centre, 283 Portage Avenue, Second Floor, Winnipeg, Manitoba, R3B 2B5, tel.: 204-956-6449, fax: 204-946-5667.

Even In Our Neighbourhood

1990, 6 minutes

This short video illustrates neglect and financial and physical abuse of seniors in a clear and simple manner. Three stories are depicted: a mother who requires medical attention is neglected by her daughter, an older woman is financially exploited by a neighbour who volunteers to shop for her, and a father is physically abused as his son tries to deal with the pressure of a failed business venture.

Purchase inquiries: Ontario Network for the Prevention of Elder Abuse, Suite 106, 222 College Street, Toronto, Ontario, M5T 3J1, tel.: 416-978-1716, fax: 416-978-4771.

Heart of the Matter

1996, 30 minutes

Through personal stories and discussions with community groups, professionals, family caregivers and care receivers, this video identifies strategies for prevention, intervention and advocacy in abuse and neglect. An accompanying guide is intended to stimulate discussion, understanding and action among those concerned with older adults and their well-being.

Purchase inquiries: Seniors' Education Centre, University of Regina, Room106, Gallery Building, Regina, Saskatchewan, S4S 0A2, tel.: 306-585-5722, fax: 306-585-5736.

Money Matters for Seniors

1998, 25 minutes

"Money Matters for Seniors" is a discussion starter portraying six seniors whose financial independence is at risk from someone close to them. In each case, a staff person of a financial institution offers respectful support, limiting the opportunity of the potential abuser. This video challenges seniors and personnel of financial institutions to work together to maintain the seniors' financial independence. Recommended for seniors' groups. A comprehensive manual and a facilitator's guide accompany the video.

Purchase inquiries: BCCEAS (B.C. Coalition to Eliminate Abuse of Seniors), 304, 505 Kingsway, Burnaby, British Columbia, V5H 4C2, tel.: 604-437-1940; fax: 604-437-1929.

Standing Up for Yourself

1991, 13½ minutes

Four scenarios involving the potential financial exploitation of an older person are shown: a roofing expert gains access to a home, a son attempts to obtain power of attorney, a granddaughter short-changes her grandparent, and a scene illustrates the danger of keeping money at home. In each case, the victim turns the potentially dangerous situation around and takes control.

Purchase inquiries: Manitoba Seniors Directorate, 822-155 Carlton Street, Winnipeg, Manitoba, R3C 3H8, tel.: 204-945-2127, fax: 204-948-2514.

Disponible en français : *La force de s'affirmer*

Stop the Silence

1990, 20 minutes

This video reviews the legal definition of abuse and neglect in British Columbia and then illustrates those definitions with dramatized scenes. The video also describes the services available in B.C. for victims of elder abuse and neglect.

Purchase inquiries: BCCEAS (B.C. Coalition to Eliminate Abuse of Seniors), 304, 505 Kingsway, Burnaby, British Columbia, V5H 4C2, tel.: 604-437-1940; fax: 604-437-1929.

Telemarketing: Consumer's Choice

1993, 7 minutes

This video shows how telemarketing techniques can be used to exploit seniors. It also provides seniors with tips on how to protect themselves from this type of financial abuse.

Purchase inquiries: Communications and Public Relations, RCMP, 155 McArthur Ave., Room 117, Vanier, Ontario, K1A 0R4, tel.: 613-993-5281, fax: 613-993-5297.

Disponible en français : *Le télémarketing : Vous avez le choix*

Available from the National Film Board of Canada

These videos are available for purchase from the National Film Board of Canada. For more information, contact

National Film Board of Canada
Sales and Customer Service, D–10
P.O. Box 6100, Station Centre-Ville
Montreal, Quebec, H3C 3H5

Tel.: 514-283-9000, or toll-free: 1-800-267-7710
fax: 514-283-7564
Internet: www.nfb.ca

A House Divided: Caregiver Stress and Elder Abuse

1988, 35 minutes

Through four moving portraits, this film sheds light on the tragedy of elder abuse, which takes many forms, ranging from neglect and financial exploitation to physical assault. With great sensitivity, this film portrays the emotional complexity of family relationships that can lead to abuse of older adults, the anguish and isolation of its victims and the tremendous need for understanding and support from the community.

When the Day Comes

1991, 29 minutes

As the number of people over the age of 65 increases, the issue of elder care becomes ever more pressing. This award-winning video focusses on the women who are the caregivers for spouses, family members and friends. Questions as to the role of the caregiver, the lack of recognition and support by existing health care systems, the effects of caregiving and telltale signs of stress, as well as possible solutions for the future, are discussed.

Disponible en français : *Des soins sans mesure*

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APPENDIX C

Selected Print Resources

These resources can be borrowed at a local library through inter-library loan from the Departmental Library, Policy Division, Health Canada. The online catalogue for the library is available on the SydneyPLUS Web Server at http://connect.ils.ca/hc/

Where indicated below, some resources can be obtained free of charge from:

National Clearinghouse on Family Violence
Family Violence Prevention Unit
Health Canada
Ottawa, ON K1A 1B4

Tel.: 613-957-2938 or toll-free: 1-800-267-1291
TDD: 613-952-6396 or toll-free: 1-800-561-5643
Fax: 613-941-8930
Internet: www.hc-sc.gc.ca/nc-cn
E-mail: ncfv-cnivf@hc-sc.gc.ca

Service Provider Education and Training

The Abuse and Neglect of Older Adults: An Education Module for Community Nurses

Anne McGregor, Ottawa: Victorian Order of Nurses, 1995.

This binder-format resource was developed for community nurses by the Ottawa-Carleton branch of the Victorian Order of Nurses. It includes guiding principles for addressing abuse and neglect, types of abuse, contributing factors, indicators, barriers to identification, a range of interventions, and a section on prevention. Key print, organizational and video resources are identified, and handouts and transparencies are provided.

Resource and Training Kit for Service Providers: Abuse and Neglect of Older Adults

Nancy Murphy, Ottawa: Minister of Supply and Services Canada, 1995. (National Clearinghouse on Family Violence)

The manual provides information and tools on a variety of abuse and neglect topics relevant to designing training sessions for service providers. Trainees might include family violence prevention and treatment workers, addictions and mental health service providers, health professionals, community leaders, those with regular contact with older adults (e.g., postal workers) and home care and seniors centre staff. Sections include an overview of the issues, types of abuse and neglect, identification and assessment, intervention, prevention, and various information sheets, protocols and overheads.

Violence Issues: An Interdisciplinary Curriculum Guide for Health Professionals

Lee Ann Hoff, Ottawa: Mental Health Division, Health Services Directorate, Health Canada, 1994.
(National Clearinghouse on Family Violence)

This interdisciplinary curriculum guide for health professionals addresses a number of violence-related issues including abuse and neglect of older adults. It contains a conceptual framework; information on disciplinary and interdisciplinary issues, attitudes and skills of service providers; and seven examples of abuse situations with implications for health professionals. A bibliography and list of resources are included.

What Do You See? Understanding and Counselling the Abused Older Person: A Facilitator's Training Manual and ***What Do You See? Understanding and Counselling the Abused Older Person: A Self-Study Training Manual***

Nova House Women's Shelter, Selkirk, Manitoba, 1994.

These two manuals are based on the work of Nova House in Manitoba to offer feminist-based counselling and peer-facilitated support groups to older abused women. The *Facilitator's Training Manual* has two sections: Shelter Support Groups, which includes detailed plans for an 11-session support group; and Training Skills for Peer Counsellors,

with detailed plans for training peer facilitators for the groups. Evaluation and video resources are identified.

The *Self-Study Training Manual* for counsellors provides information on attitudes toward aging and older people, cultural considerations, myths and facts of aging, and counselling and intervention approaches. A number of case studies and resource information are included. The manual could be used for individual study or in a group format.

Community Awareness and Education

Abuse and Neglect of Older [illegible] wareness Information for People in the [illegible]kplace

Justice Institute of B.C., Ottawa: Minister of Supply and Services Canada, 1994.
(National Clearinghouse on Family Violence)

This resource is based on the premise that community members can benefit by getting together to discuss issues that concern them. The sessions outlined in the publication are designed to raise awareness of abuse and neglect in a one-hour format, in either the workplace or another community setting. Contents of the booklet include guidelines on how to plan the session, tips for presenters, and a step-by-step guide to the presentation and discussion. Several handouts and other presentation materials are included.

Senior Educators' Manual on Elder Abuse and Neglect, Frauds and Scams

Dorothy MacKeracher, Fredericton: The Third Age Centre, 1999.

The Third Age Centre, a seniors' centre in New Brunswick, developed a train-the-trainers program and established a province-wide volunteer speakers' bureau on elder abuse and neglect, frauds and scams. The detailed binder provides information for speakers on the issues and suggestions for developing presentations, as well as handouts and overheads. Resource lists contain print and Internet sources.

■ Protocols and Inter-agency Collaboration

Abuse of the Elderly: A Guide for the Development of Protocols

Interdepartmental Working Group on Elder Abuse and Manitoba Seniors Directorate, Winnipeg, 1993.

This booklet provides information on abuse and neglect of older adults as well as an overview of the protocol development process. A number of sample protocols, as well as resource information, are included.

Developing Community Response Networks: A Guide for Communities

Sylvia Holland, North Vancouver: North Shore Community Services, 1994.

This comprehensive guide to developing a coordinated response to abuse and neglect of older adults was developed through a pilot project in eight communities in British Columbia. The resource binder presents the model used to develop community-based initiatives. The modules in the binder are the following: User's Guide, Developing a Framework, Identifying and Organizing People, Collecting the Tools, Getting to Work: Phases and Tasks of the Community Response Network Development, Thinking About Evaluation Issues and Outcomes, and Timing and Costing the Development Process. A master package of checklists and discussion guides is included. (A pilot project final report, with recommendations, is also available.)

Interdisciplinary Perspectives: Interventions for Older Victims of Abuse

Nova House Women's Shelter, Selkirk, Manitoba, 1995.

This manual was produced by Nova House to reflect its experience in developing partnerships among service providers, clients and families as a vital component for successful intervention strategies for older victims of abuse and neglect. Topics include an overview of abuse and neglect issues, definitions, a domestic violence perspective, intervention issues and approaches, and criminal justice considerations.

Responding to Elder Abuse: A Guide for the Development of Agency Protocols for the Home Care and Community Support Sector

HomeSupport Canada, Ottawa, 1993.

This is a guide for the development of home care and community support protocols for agencies working with older adults. It contains information on principles, definitions, indicators, the protocol development process, sample protocols and community resources. Material was adapted from "Abuse of the Elderly: A Guide for the Development of Protocols" by the Interdepartmental Working Group on Elder Abuse and Manitoba Seniors Directorate, and "Principles, Procedures and Protocols for Elder Abuse" by the InterMinistry Committee on Elder Abuse and Continuing Care Division, Ministry of Health and Ministry Responsible for Seniors.

Counselling and Intervention

Golden Years — Hidden Fears: Elder Abuse, A Handbook for Front-line Helpers Working with Seniors

Virginia Boyack, Calgary: Kerby Centre, 1997.

This small-format manual is intended as a handbook for study and quick reference by front-line workers who have contact with seniors and therefore may encounter abuse and neglect. It provides information on characteristics of abused older adults and abusers, theories of abuse, issues related to rural and urban residents and members of ethnocultural minority groups, intervention protocols and models of interventions. Many sample forms are included for assessment, as well as a seniors abuse and neglect indicators checklist and a questionnaire for self-assessment.

A Handbook for Older Women Who Have Survived Abuse

Older Women's Survival Project (OWLS) and Annette McCullough, Calgary, 1995.

The handbook was written from the perspective of older women who have been victims of abuse. It describes the invisibility of older abused women and some of the longer-term effects of abuse and ways to deal

with them. The handbook was created as part of the Older Women's Survival Project (OWLS), which offered older women's support groups and undertook advocacy and education on woman abuse.

Senior Women and Sexual Violence: It's Never Too Late to Heal

Sexual Assault Crisis Centre Kingston Inc., Kingston, 1997.

The Sexual Assault Crisis Centre in Kingston, Ontario, developed this manual for senior women and counsellors working with them. It is intended for survivors of sexual assault, sexual harassment and sexual abuse at any point in their lives. The manual addresses the special needs and experiences of senior women, and provides an overview of sexual violence, the value of counselling and other ways to assist healing, sexual violence and the law, medical information, information for service providers and caregivers, and suggested community resources.

When Seniors Are Abused: A Guide to Intervention

Myrna Reis and Daphne Nahmiash, North York: Captus Press, 1995.

This manual grew out of an intervention project to develop a model intervention for abuse of older adults in Montreal. The guidebook is intended as a step-by-step guide to intervention. The proposed model has seven components, including screening and abuse description procedures; home care, multidisciplinary and expert intervention teams; volunteer buddies; an empowerment support group; and a community senior abuse committee. Sample screening forms, checklists and tips lists are included.

Other Materials

Abuse and Neglect of Older Canadians: Strategies for Change

Michael J. MacLean (ed.), Ottawa: Canadian Association on Gerontology, Toronto: Thompson Educational Publishing, Inc., 1995.

This book is a compendium of current perspectives and practice regarding abuse and neglect of older persons. It contains 12 papers

written by Canadian experts on issues related to abuse and neglect. Papers are grouped under practice, policy, education and research. An introduction, conclusion, summary of recommendations and references are included.

The Abuse of Older Adults in a Rural Setting

Rachel Dyck and Claudette Hennan, Winnipeg: Herman Prior Senior Services Centre, 1996.

This manual addresses the particular needs and situations of abuse victims living in rural settings. The model was developed by the Geriatric Assessment and Treatment Team of the Central Region of Manitoba. In addition to an overview of abuse, the manual presents guiding principles and steps for the assessment and documentation of abuse. Many intervention/mediation decision trees and assessment tools are included, covering interventions for financial, psychological and physical abuse and neglect involving both cognitively intact and cognitively impaired clients.

Elder Abuse: The Hidden Crime, 5th edition

Judith Wahl and Sheila Purdy, Toronto: Advocacy Centre for the Elderly and Community Legal Education Ontario, 1999.

This fifth-edition booklet is intended to provide thorough but easy-to-understand information on abuse and neglect for seniors, family and community members and service providers. Contents include information on the definition and types of abuse, signs and symptoms, barriers to reporting, what victims need, what police and community members can do, and what community resources are available. While some of the information is specific to Ontario, much is of general interest.

Projects, Programs and Documents on the Mistreatment of Older Adults: A Directory of Service Providers, Researchers and Community Members

Table de concertation "Vieillir sans violence" de Montréal, Montreal, 1998. (Contact: CLSC René-Cassin, Côte St-Luc, Quebec)

This recent inventory of Canadian abuse and neglect initiatives was compiled for a Montreal coordinating committee and provides brief

but complete descriptions of a wide range of projects and programs by province and territory. Also included is information on printed documents, education materials and videos, and sources/contact information for the above. A subject index is also provided.